FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF 33300 NS

DOCUMENT # 1. Corporation Name

UNITED TOOL SUPPLY CO., INC.



							1111 1111 1111 1111 1111
Principal Place of Business Mailing Address							
5195-102ND AVENUE NORTH 5195-102ND AVENUE NORTH							
PINELLAS PAR	RK FL 34666-0599	PINELLAS PARK FL 3	4866-0599				
					 Date Incorporated or Qualified 10/29/1956 	3a. Date of La 04/26	
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-0792768		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	1 1	5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip	Country	Ζφ	Cour	ntry	8. This corporation has liability for	intangible tax und ; 🏿 No	ders 199.032,
4	25	29	30		Florida Statutes Yes 10. Name and Address of New F		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New I	legistrics Agoi	" <u> </u>
	,BARBARA M		82 Street A		ldress (P.O. Box Number is Not Acceptat	de)	
	end avenue, north						
PINELLA	S PARK FL 34666-0599			0.5			,
			•	84 City		FL 85	Zip Code
SIGNATURE _	to agent, or both, if the state of the agent and accept the obligations of, Sec	or and tried apparents		A _s sort signorter, req	ared what he ostalary. ADDITIONS/CHANGES 10 OFF	DATE FICERS AND DIR	ECTORS IN 12
12.		ND DIRECTORS	13. 111	Th F	ADDITIONS OF ANGLE TO SEE	☐ Cr	
TITLE	PD PLANCO DETER I		12 N	i			
NAME	BLANCO, PETER J 5195-102ND AVE N		li li	HEE! ADDRESS			
STREET ADDRESS	PINELLAS PARK FL		1	TY - ST - ZIP			
CITY-ST-ZIP THLE	STD	DELETE	2 1 1			□ Cr	nange 🔲 Addition
NAME	BLANCO,BARBARA M		. 22 N	AME			
STREET ADDRESS	5195-102ND AVE N		235	TREET ADDRESS			
CITY - ST - ZIF	PINELLAS PARK FL		2 4 C	iTv - ST - ZIP			
TITLE		☐ DELETE	3 1 1	UEE.		CI	hange 🔲 Addition
NAME			3 2 N	AME			
STREET ADDRESS				TREET ADDRESS			
CITY-SI-ZIP				11 Y - \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	ПС	hange Addition
TITLE		DELETE	4 1 1			·	ilango ilaa ilaa
NAME	•		42 N				
STREET ADDRESS	.			TREET ADDRESS			
CITY-ST-ZIP		DELETE	5 1	DT: F			hange 🔲 Addition
TITLE		□ bittelt	521				
NAME				TREET ADDRESS			
STREET ADDRESS				OIY-SI-ZP		_	
CITY-ST-ZIP		☐ DELETE	6 1				Change 🔲 Addition
TITLE			621				
NAME CIDECT ATTRESS				STHEET ADDRESS			
STREET ADDRESS			641	ty.ST.ZIP			
CITY-ST-ZIP	the state of the deformation complete	a wat, the find is voluntarily t	urnished and	does not qual	lify for the exemption stated in Section 11	19.07(3)(k), Florida	Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, Turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or depotor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an attaching time.

- M. Blenso