FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 197427 (8)

1. Corporation Name
TOOL AND DIE SUPPLY COMPANY

Principal Place of Business	Mailing Address
4502 107TH CIRCLE N CLEARWATER FL 34655 US	4502 107TH CIRCLE N CLEARWATER FL 34655 US

3. Date Incorporated or Qualified: 11/07/1956
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0798976 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4502 107th Cir N.
Suite, Apt. #, etc.
22
City & State
23 Clearwater Fl
Zip
24 34622-5034
Country
25 USA

2a. Mailing Address
26 4502 107th Cir N.
Suite, Apt. #, etc.
27
City & State
28 Clearwater Fl
Zip
29 34622-5034
Country
30 USA.

9. Name and Address of Current Registered Agent

KELLY, T P
512 FLORIDA AVE
TAMPA FL 33601

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lynn B Skyrms Secretary Lynn B Skyrms, Sec. Date: 4/26/96
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	SKYRMS, BARBARA B	
STREET ADDRESS	2401 ARDSON PLACE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	☐ DELETE
NAME	SKYRMS, E KENT	
STREET ADDRESS	26 SPANISH MAIN	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	S	☐ DELETE
NAME	SKYRMS, LYNN B.	
STREET ADDRESS	26 SPANISH MAIN	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. I further 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 director 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 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn B Skyrms Secretary Lynn B Skyrms Sec. Date: 4/26/96 Daytime Phone #: 813-572-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0370063 CP