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 # **236131** **(9)**

1. Corporation Name

SOUTHERN TOOL & EQUIPMENT COMPANY

Principal Place of Business
5625 N.W. 79 AVE
~~4300 N.W. 72 AVENUE~~
MIAMI FL 33166

Mailing Address
5625 N.W. 79 AVE.
~~4300 N.W. 72 AVENUE~~
MIAMI FL 33166

3. Date Incorporated or Qualified: 03/05/1960
3a. Date of Last Report: 01/17/1995

2. Principal Place of Business
21 5625 NW 79 AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33166
25 Country: DADE

2a. Mailing Address
26 5625 NW 79 AVE
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33166
30 Country: DADE

4. FEI Number: 59-0899662 ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, CLYDE
5841 S W 91ST AVENUE
MIAMI, FL
33173

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature Required When Filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TDS	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	THOMPSON, ALINE		1.2 NAME	THOMPSON ROBERT	
STREET ADDRESS	5841 S W 91ST AVENUE		1.3 STREET ADDRESS	5502 S.W. 100 TERR	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	COOPER CITY FL. 33328	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, CLYDE		2.2 NAME		
STREET ADDRESS	5841 S W 91ST AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	~~THompson Robert~~	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	~~5502 S.W. 100 TERR~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~Cooper City FL 33328~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Clyde Thompson CLYDE THOMPSON March 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #