

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 17 PM 4:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 530715 (2)**

1. Corporation Name  
**AMERICAN TOOL AND EQUIPMENT, INC.**

Principal Place of Business Mailing Address  
**4401 E BROADWAY AVENUE TAMPA FL 33605**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1977** 3a. Date of Last Report **04/26/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1758376</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. County	29. Zip	30. County
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>SHAW BOGGS, LOIS J. 3003 WISTER CIRCLE VALRICO FL 33594</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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 Lois J. Shaw - President Lois J. Shaw 3/21/95  
(Signature typed or printed name of registered agent and title if applicable) (Name, Registered Agent (signature required) when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, LOIS J.	1.2 NAME	<b>SHAW, LOIS J.</b>
STREET ADDRESS	3003 WISTER CIRCLE	1.3 STREET ADDRESS	<b>SAME</b>
CITY, ST, ZIP	VALRICO FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, ROBERT E	2.2 NAME	
STREET ADDRESS	3003 WISTER CIR	2.3 STREET ADDRESS	
CITY, ST, ZIP	VALRICO FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKS, ELLEN R	3.2 NAME	
STREET ADDRESS	RR 1 BOX 590A	3.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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 liquidator 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: Lois J. Shaw - Lois J. Shaw 3/21/95 813-247-5038  
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)