CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -2 AM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **630151** **(9)**

Corporation Name

PERFECTION TOOL, INC.

Principal Place of Business	Mailing Address
5235 U.S. 27 SOUTH SEBRING FL 33870	5235 U.S. 27 SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1979	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1919792	Applied For / Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

Principal Place of Business	2a. Mailing Address
26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	
City & State	City & State
28	
Zip / Country	Zip / Country
31 / 25	29 / 30

Name and Address of Current Registered Agent

CAMPBELL, LEE EDWIN
5235 U.S. 27 SOUTH
SEBRING FL 33870

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13.	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, LEE EDWIN	12 NAME	800001521258
STREET ADDRESS	5235 US 27 SOUTH	13 STREET ADDRESS	-06/23/95--01004--013
CITY-ST-ZIP	SEBRING, FL 00000	14 CITY-ST-ZIP	****208.75 ****208.75
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

RECEIVED BY MAY 1 5/22/95

I do hereby certify that the information supplied with this filing, if voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 or in Block 10 if changed, or on an attachment with an address.

Lee E. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE E. CAMPBELL PRESIDENT 01/26/95