FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690987

(3)

TRI-STATE TOOLING CO.

May 02 1997 8:00am
Secretary of State

FILED

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Principal Piace 10990 70 AVE. P O BOX 3473 SEMINOLE FL 3	N.	Mailing Address 10990 70 AVE. N. P O BOX 3473 SEMINOLE FL 33775-3473 US							
US				 Date Incorporated or Qualifie 06/18/1981 		Date of Last Report 14/12/1996			
21 10990	ace of Business 70 th AUE N.	2a. Mailing Address 26			4. FEI Number 59-2110174			pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	ired \$8.75 Additional Fee Required				
City & State 23 SEN Zip	NINOLE FL.	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 33777		Zip Country 29 33775-0473 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				_
ARRI	GHI, EDWARD JR.	. riogiotojou rigorit	81	Name	TO, Harrie and Addition of them	(TO graterou	Agont		1
7077	HARBOR VIEW LANE		82	Street Add	dress (P.O. Box Number is Not Accep	itable)			1
) OLITI	HOLL I L OTOTO		83						1
			84	City		Fi	85 ZID	Code (
11. Pursuant to office or reagent. La	o the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	s, the abov ithorized b ida Stalute	e-named cor y the corpora s.	poration submits this statement for that alion's board of directors. I hereby ac			ts registered registered	1
SIGNATURE .	Signature, typed or printed name of registered age	ed accitatio if graphs able (NCTE)	Branchard An	ont sinnature reco	ived when reinstating)	DATE		· **	
12.	OFFICERS ANI		13.	an agranors requ	ADDITIONS/CHANGES TO OF		D DIRECTOF	RS IN 12	3
TITLE	PD	DELETE	1.1 THLE				Change	Addition	18
NAME	ARRIGHI, EDWARD JR		1,2 NAME						5
STREET ADDRESS	10990 70TH AVENUE N		1.3 STREE	ADDRESS					S C
CITY-ST-ZIP	SEMINOLE, FL 00000	Deitte	1,4 CITY-	ST - 74P				1 1 1 1 1 1 1 1 1	ۆٍل
TITLE	ADDIGHT CADOL	☐ DELETE	21 TITLE				Change	Addition	1
NAME Street Address	ARRIGHI, CAROL 7077 HARBOR VIEW LN		2.2 NAME	ADDRESS					
CITY-ST-ZIP	SEMINOLE FL		2.3 STREE 2.4 CITY-	į.					
TITLE	Ogmina et la	DELETE 311		31-711			Change	Addition	┨
NAME			3,2 NAME				_		
STREET ADDRESS			3,3 STREE	ADDRESS					
CITY-ST-ZIP			3 4. C(TY-	S1-7(P					
TITLE		☐ DECETE	41 TITLE				Change	Addition	
NAME			4, 2 NAME	ļ					
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	ST - ZIP			☐ Change	Addition	-
í í		Otten	5.1 TITLE				Gliange	L_J AUUIRON	
NAME STREET ADDRESS			5.2 NAME	ADORESS					
CITY-ST-ZIP			5.4 CHY-						
TITLE	W <u> </u>	DELETE	6.1 TITLE	21-711		·	Change	Addition	+
NAME			6.2 NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			6.4 CITY-1	ſ					
	by certify that the information supplies	d with this filing does not qualify			ed in Section 119.07(3)(i), Florida Stat	utes. I furth	er gertify that	i the	1

Information indicated on this angual 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 tam an officer or director of the proporation 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 12 or Block 13 or an attachment with an address.