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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690987 1. Corporation Name

TRI-STATE TOOLING CO.

1711 3171				_							
Principal Place	e of Business	Ma	iling Address								
10990 70 AVE.	N.	109	90 70 AVE. N.								
P O BOX 3473			P O BOX 3473							•	
SEMINOLE FL 33772			SEMINOLE FL 33775				DO NOT WRITE IN THIS SPACE				
US		US		,			3. Date Inc. 06/18/	orporated or Qualife 1981	eđ		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Num			Ar	plied For
21		26					59-211	0174		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- 0-44-4	t Chatra Davisad		\$8.75	Additional
22		27					5. Certificati	e of Status Desired		Fee R	equired=====
City & State	le	1	City & State			* .	6. Election	Campaign Financir	ng _	\$5.00	May Be
23		28						nd Contribution	.a 🗆		to Fees
Zip	Country	,-	Zip	Cou	ntry		8 This core	poration owes the c	urrent vear l	ntangible	
24	25	29	.	30	-			Property Tax.		Yes	□No
24]	9. Name and Address of		ered Agent	50			i	nd Address of Nev	v Registere	Agent	
	5. Hame and Addition of	our out region			81	Name		<u></u>			
ARRI	ighi, Edward Jr.										
	HARBOR VIEW LANE				82	Street Ac	ddress (P.O. Box N	lumber is Not Acce	ptable)		
	INOLE FL 345 33776								-		
JE 1111		,			83						
					84	City				85 Zip	Code
								,	F		
office or r	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	e State of Florid	a. Such change was a	uthorized	l hv t	the corpor	orporation submits ation's board of dir	this statement for t ectors. I hereby ac	ne purpose ocept the app	ointment as re	egistered
•						-					,
SIGNATURE	Please have developed pages of region	stored popul and title if					uired when reinstating)	····	DATE		{
SIGNATURE	Signature, typed or printed name of regis		applicable. (NOTE:	Registered			uired when reinstating)	NS/CHANGES TO	DATE OFFICERS A	ND DIRECTO	ORS IN 12
SIGNATURE	OFFICE	stered agent and title II ERS AND DIRE	applicable. (NOTE:	Registered	Agent			NS/CHANGES TO		ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	PD		applicable. (NOTE:	Registered 13.	Agent			NS/CHANGES TO			
SIGNATURE 12. TITLE NAME	PD ARRIGHI, EDWARD JR		applicable. (NOTE:	13.	Agent TLE VME	t signature req		NS/CHANGES TO			
SIGNATURE 12. TITLE	PD ARRIGHI, EDWARD JR 10990 70TH AVENUE N		applicable. (NOTE:	13.	Agent TLE VME			NS/CHANGES TO			
SIGNATURE 12. TITLE NAME	PD ARRIGHI, EDWARD JR 10990 70TH AVENUE N SEMINOLE, FL 00000		Tapplicable. (NOTE: CTORS DELETE	13. 1.1 Til 1.2 NA 1.3 ST 1.4 Ci	Agent TLE AME REET TY-ST	t signature requ		NS/CHANGES TO		☐ Change	Addition
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CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 of 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, with all other like empowered.

SIGNATURE: