

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03264

1. Corporation Name

INDUSTRIAL	TOOL GRINDING COMP	PANY		•	I karkure ind beder dike dela andi bigi bigi bigi		
Discoulable of Bu		Mailing Address					
Principal Place of Bu	usiness	•					
P.O. BOX 15146	, .	P.O. BOX 15146 TAMPA FL 33684-2146					
TAMPA FL 33684-2146 TAMPA FL 33684-2146					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					10/27/1980		- 1
2. Principal Place of	f Business	2a. Mailing Address	_		4. FEI Number		Applied For
21		26			59-2058663		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-71	_	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes _	□No
	Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
-			81	Name			
LOPEZ, AL R., JR. C/O LOPEZ & KELLY, P.A. 4600 W. CYPRESS, SUITE #500		82	Ctroot Adde	ress (P.O. Box Number is Not Acceptable)			
			02	Sileer Addi	ess (F.O. Box Number is Not Acceptable)		ŀ
			83	† · · · · · · · · · · · · · · · · · · ·			
	22607						
tampa fl	L 00001						
44 5	and the store COT 0503	and 607.1508, Florida Statutes,	the above	e-named corn	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i	ts registered registered
11. Pursuant to the office or register agent. I am fami	provisions of Sections 607.0502	ons of, Section 607.0505, Florida	, the above norized by a Statutes	e-named corp the corporation		of changing i	ts registered
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14. I hereby 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REQUIRED

☐ DELETE

☐ Change

Addition

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90125 017 ***150.00