

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003219 (2)

1. Corporation Name

NATIONAL TOOL AND EQUIPMENT, INC.



Principal Place of Business

Mailing Address

80 KARAGO AVE.
YOUNGSTOWN OH 44512

80 KARAGO AVE.
YOUNGSTOWN OH 44512

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
04/25/1995

4. FEI Number

34-1739713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

RANDY MEEK
7210 ANDERSON ROAD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name John Mitala

82 Street Address (P.O. Box Number is Not Acceptable)
1303 W. Copans Rd. H-8

83

84 City Pompano Beach

FL

85 Zip Code
33064

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 of 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

JOHN B. MITALA VP

6/20/96

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE CP
NAME SIMON, JAMES JR.
STREET ADDRESS 3177 CHABLIS LANE
CITY-ST-ZIP POLAND OH 44514

TITLE CV
NAME VROSS, ANTHONY R.
STREET ADDRESS 17505 TALLY HO CT.
CITY-ST-ZIP ODESSA FL 33556

TITLE DS
NAME SIMON, ALEX J.
STREET ADDRESS 3064 CHABLIS LANE
CITY-ST-ZIP POLAND OH 44514

TITLE Y
NAME SIMON, JAMES SR.
STREET ADDRESS 5825 SAMPSON DR.
CITY-ST-ZIP GIRARD OH 44420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME VROSS, ANTHONY R.
23 STREET ADDRESS 3988 FOX HAVEN DR.
24 CITY-ST-ZIP CANFIELD, OH

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE VP
52 NAME AUGUSTINE, ROCCO J.
53 STREET ADDRESS 8541 RESERVE CT.
54 CITY-ST-ZIP POLAND, OH

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rocco J. Augustine

ROCCO J. AUGUSTINE

330-629-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)