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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

60 KARAGO AVE.
YOUNGSTOWN OH 44512

Mailing Address

60 KARAGO AVE.
YOUNGSTOWN OH 44512-5949



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1996

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MITALA, JOHN
1303 W COPANS RD H-8
POMPANO BEACH FL 33064

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

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 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

☒ Registered agent retained - no signature necessary

John Mitala - VP

4/25/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE CV
NAME VROSS, ANTHONY R
STREET ADDRESS 3988 FOX HAVEN DR.
CITY-ST-ZIP CANFIELD OH

☐ DELETE

TITLE DS
NAME SIMON, ALEX J
STREET ADDRESS 3084 CHABLIS LANE
CITY-ST-ZIP POLAND OH 44514

☐ DELETE

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

☒ DELETE

TITLE VP
NAME AUGUSTINE, ROCCO J
STREET ADDRESS 8541 RESERVE CT
CITY-ST-ZIP POLAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony R. Vross - President

4/25/97

830-629-8465

0479067

CR2E034 (9/96)