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

CORPORATION ANNUAL REPORT

1998

MITALA, JOHN

CITY-ST-ZIP

1303 W COPANS RD H-8

POMPANO BEACH FL 33064



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F94000003219 (2) DOCUMENT #

NATIONAL TOOL AND EQUIPMENT, INC.

Principal Place of Business Mailing Address 60 KARAGO AVE. 60 KARAGO AVE. YOUNGSTOWN OH 44512 YOUNGSTOWN OH 44512 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 34-1739713 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

81

B2

83

Street Address (E.O. Box Number & Not

11. Pursuant to the provisions of Sections of 7,0502 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition TITLE 1.1 TITUE SIMON, JAMES JR. 1.2 NAME NAME **\$177 CHABUS LANE** STREET ADDRESS 1.3 STREET ADDRESS **POLAND OH** CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE Addition TITLE 2.1 TITLE Change VROSS, ANTHONY R NAME 22 NAME 3988 FOX HAVEN DR. STREET ADDRESS 2.3 STREET ADDRESS **CANFIELD OH** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SIMON, ALEX J NAME 3.2 NAME **3064 CHABLIS LANE** STREET ADDRESS 3.3 STREET ADDRESS POLAND OH 44514 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE AUGUSTINE, ROCCO J NAME 4. 2 NAME 8541 RESERVE CT 4.3 STREET ADDRESS STREET ADDRESS **POLAND OH** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 name appears in state of the corporation of th

6.4 CITY-ST-ZIP

FILED

May 04 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable