

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000006878 (0)

1. Corporation Name

TOOLS AND TECH, INC. OF ENGLEWOOD FLORIDA



Principal Place of Business

Mailing Address

2021 ENGLEWOOD RD., #D  
ENGLEWOOD FL 34223

2021 ENGLEWOOD RD., #D  
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number

58-1859794

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 410 S McCall Rd

Suite, Apt. #, etc.

22

City & State

23 ENGLEWOOD FL

Zip

24 34223

Country

25 USA

2a. Mailing Address

26 410 S McCall Rd

Suite, Apt. #, etc.

27

City & State

28 ENGLEWOOD FL

Zip

29 34223

Country

30 USA

9. Name and Address of Current Registered Agent

HOLMGREN, SANDRA S  
2021 ENGLEWOOD RD., #D  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

SANDRA S HOLMGREN

82

Street Address (P.O. Box Number is Not Acceptable)

410 S McCall Rd

83

84

City

ENGLEWOOD

FL

85

Zip Code  
34223

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

Sandra S Holmgren

SANDRA S HOLMGREN

1/26/98

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS HOLMGREN, SANDRA S  
CITY-ST-ZIP 2021 ENGLEWOOD RD., #D  
ENGLEWOOD FL 34223

TITLE ☒ DELETE

NAME S  
STREET ADDRESS SHULTZ, KIT M  
CITY-ST-ZIP 65 2ND AVE.  
ENGLEWOOD FL 34223

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE Sandra S Holmgren Sandra S Holmgren 1/26/98 944-475-1471

CR2E034 (10/97)