

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90009 046 ***550.00

DOCUMENT # **F97000003466**

1. Corporation Name

SUN TOOL SUPPLY, INC.



Principal Place of Business

Mailing Address

~~6700 HAMLIN RD~~ **1725 E. 14 MILE RD**
~~STE 405~~ **STE 110**
~~AUBURN HILLS MI 48002~~ **TROY, MI 48063**
~~US~~

~~1101 E WHITCOMB AVE~~ **SAME**
~~MADISON HEIGHTS MI 48071~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

58-2316878

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1725 E. 14 MILE RD

1725 E. 14 MILE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

110

City & State

City & State

TROY, MI

TROY, MI

Zip

Country

48083

US

48083

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, JEFF
11811 31ST COURT NO
ST PETERSBURG FL 33716

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

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 **CPD** ☐ DELETE

NAME **SELWAY, JOSEPH**
STREET ADDRESS **1101 E WHITCOMB AVE**
CITY-ST-ZIP **MADISON HEIGHTS MI 48071**

TITLE **VTO** ☐ DELETE

NAME **WALZ, JEFF**
STREET ADDRESS **1101 E WHITCOMB AVE**
CITY-ST-ZIP **MADISON HEIGHTS MI 48071**

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1725 E. 14 MILE RD STE 110**
1.4 CITY-ST-ZIP **TROY, MI 48083**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1725 E. 14 MILE RD STE 110**
2.4 CITY-ST-ZIP **TROY, MI 48083**

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 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]

8/17/99

(248) 589-7980

CR2E034 (5/99)