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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # G75645 S TOOL SUPPLY, INC.	5 (3)			
Principal Place of Business Mailing Address					// BIQII QIQIX QIQXI QIQIX (QQ)
% RANDAUL L HUGHES % RANDAUL L HUGHES				1	
1206 U.S. HWY 41 NORTH. 1208 U.S. HWY 41 NORTH			TH.		
LUTZ FL 33549 LUTZ FL 33549				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				12/13/1983	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2134275	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		- 	<u> </u>		Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
HUGHES, RANDALL L. 81 Name					
1208 US HWY 41 NO. LUTZ FL 33549			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			B4 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. (NOT	IF: Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICE RS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DPV	☐ DELETE	1.1 TITLE	·	Change Addition
NAME	HUGHES, RANDALL L		1.2 NAME		
STREET ADDRESS	1208 U.S. HWY 41 NORTH. Lutz Fl		1.3 STREET ADDRESS		1
CITY+ST-ZIP TITLE	DST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	HUGHES, MARY THERESA ST		2.2 NAME		
STREET ADDRESS	1208 U.S. HWY. 41 NORTH		2.3 STREET ADDRESS		ľ
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DEL ET E	3.4. CITY-ST-ZIP		Change L Addition
TITLE Name			4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·	
TITLE		☐ DEL e te	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied with	this filing does not qualify f	or the exemption stated in :	Section 119 07(3)(i). Florida Statutes I further of	ertify that the information
14. Thereby 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.					