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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79591

(5)

Mailing Address

H. & S. SWANSONS' TOOL COMPANY

FILED
Jan 29 1997 8:00am
Secretary of State

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9000-68TH ST PINELLAS PARI US		9000-68TH ST., N. PINELLAS PARK FL 33782- LIS	4401								
05						3. Date Incorpora 12/30/1983			te of Last <b>4/1996</b>		
	lace of Business	2a. Mailing Address			4. FEI Number				Applied For		
21		26				36-22480	23			Not Applicable	<u>;</u>
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of S	Status Desired	\$8.75 Additional Fee Required				
City & State		City & State				· ·	6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution  Added to F				
24 337		Zip         Country           29         30				This corporation has liability for intangible tax under s. 199.032,     Florida Statutes					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											7
	ier & Sauls, P.A.			B1	Name						
	100 2ND AVE., STE. 701, CITY CTR. BLDG.					ddress (P.O. Box Numbe	er is Not Accepta	ble)	<del></del>		1
SIF	PETERSBURG FL 33701		ļ.	63							
			ļ.	84	City			FI	85 Zig	o Code	-
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered egent, or both, in the State	and 607.1508, Florida Statute of Florida. Such change was a	es, the about	ove by	-named of	corporation submits this s pration's board of directo	statement for the pars. I hereby acce		changing	its registered is registered	1
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	tes							-
SIGNATURE	Signature, typed or printed namn of registered ager	and tilked application (NOTE	: Recostered	Ager	ut signatufe t	equired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS 13.						ANGES TO OFFI		DIRECTO	ORS IN 12	7
TITLE	PD	☐ DELETE	1.1 1110	.E	T				Change	Addition	_ ا و
NAME	SWANSON, JAMES H.		1.2 NAME								3
STREET ADDRESS	ONE BEACH DR #2511		1.3 STREET ADDRESS								
CITY-ST-ZIP	ST PETERSBURG FL		14 CITY-		- ZIP						_ 6
TITLE	D	☐ DEFEIE	21 11HE						Change	: Additron	۱۱۲
NAME	SWANSON, JOSEPHINE	2 2 N		ME							
STREET ADDRESS				EE1/	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG FL	December	2. 4 CI1		1 - ZIP			<u>.</u> .		4.4400	
TITLE	ST CODOC	DELETE	3.1 1111						☐ Change	Addition	1
NAME ATTECT ADDRESS	LAWTON, GEORGE		3.2 NAN		1000000						
STREET ADDRESS	AT ATTENDED IN				ADDRESS						
CITY-ST-ZIP TITLE	31. FEIERSBONG FL 3.4.0				1 - ZIP				Change	Addition	$\exists$
NAME			4. 2 NAI								
STREET ADDRESS					ADDRESS						1
CITY-ST-ZIP			4.4 CITY								
TITLE		DELETE	51 TITLE						Change	Addition	
NAME			5.2 NAN	vil.							
STREET ADDRESS			5.3 STREE		ADDRESS						
CITY-ST-ZIP			5.4 CITY	Y - ST	-ZIP						
TITLE		☐ DELETE	6 1 TITL	.E					Change	Addition	7
NAME	6.2			VE							
STREET ADDRESS			6.3 STR	EFT A	ADDRESS						
CITY-ST-ZIP	ST-ZIP			Y - ST	-ZIP 丄				_		

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 of 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 trusted 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 an an adachment with an address.

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Mikin Mustry L. Sec.

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