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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

 Corporation 	NIEN I # (38598) RINDING & SAW SHARPEN						
Principal Place of Business Mailing Address					4 186)(() dan last, allen sam sam enn	11871 BIBIT BIBIT GIBIT BI	
2140 14TH CIR. N. 2140 14TH CIR. N. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 02/22/1984		
Principal Place of Business 2a. Mailing Address					4: FEI Number	Apr	plied For
21 26				<u>59-2422226</u>		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
2227				0, 00, 100, 100, 100, 100, 100, 100, 10	Fee Red	·	
City & State Ci		City & State	ity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
Zip Country Zip		Zip	Country		8. This corporation owes the current ye		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Curre	nt Kegisterea Agent	81	Name	(U. Name and Address of New Regist	neu Agent	
SCHULTZ, EDWARD C. 2140 14TH CIRCLE NORTH ST. PETERSBURG FL 33713			82		ddress (P.O. Box Number is Not Acceptable)		
			83	<u> </u>			
SI. FEIENSBONG I E 337 IS		63	'				
			84	City		FL 85 Zip C	ode
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig.	e of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized by rida Statutes	the corpora	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as reg	registered jistered
40	Signature, typed or printed name of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS		Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF IGE	Change	☐ Addition
NAME	SCHULTZ, EDWARD C.		1.2 NAME				
STREET ADDRESS	OLAO ALTILOID AL			T ADDRESS			i
CITY-ST-ZIP	0.0000000000000000000000000000000000000		1.4 CITY-5				
TITLE			2.1 TITLE	,, <u>L</u> .		Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS	ALIA LITTLE OID AL		2.3 STREET ADDRESS		e e e e e e e e e e e e e e e e e e e	•	-
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE]	•	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		Clones	[] Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	T 40000500			
STREET ADDRESS			6.3 STREE	TADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP