

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT-
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # G89013 (8)

1. Corporation Name

AMERICAN TOOL & MOLD, INC.

Principal Place of Business

1351 N ARCTURAS AVE.
CLEARWATER FL 34625

Mailing Address

1351 N ARCTURAS AVE.
CLEARWATER FL 34625

3. Date Incorporated or Qualified

03/06/1984

3a. Date of Last Report

06/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number

59-2386806

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 has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOULOURGAS, DEMETRE
1351 N. ARCTURAS AVE.
CLEARWATER FL 34625

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 607.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOULOURGAS, DEMETRE
STREET ADDRESS 1351 N ARCTURAS AVE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME LOULOURGAS, PENELOPE
STREET ADDRESS 1351 N ARCTURAS AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-97

Date

Signature: (Print Name)