

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H15566 (3)

1. Corporation Name

GULF TOOL & EQUIPMENT CO., INC.

Principal Place of Business

Mailing Address

4306 DRANEFIELD ROAD 2727  
P.O. BOX 6987  
LAKELAND FL 33807-3987

4306 DRANEFIELD ROAD  
P.O. BOX 6987  
LAKELAND FL 33807-6987



2. Principal Place of Business	2a. Mailing Address
21 2727 INTERSTATE DR. Suite, Apt. #, etc. 22 P.O. BOX 6987 City, State 23 LAKELAND FL Zip 24 33807-3987	26 2727 INTERSTATE DR. Suite, Apt. #, etc. 27 P.O. BOX 6987 City, State 28 LAKELAND FL Zip 29 33807-3987

3. Date Incorporated or Qualified 08/07/1984	3a. Date of Last Report 01/29/1996
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4. FEI Number 59-2701847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEBER, F. PETER  
4306 DRANEFIELD ROAD  
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Applicable) 83 84 City 85 State	WELCH, F. PETER 1610 BLUE HERON LANE LAKELAND FL 33813
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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	C	<input type="checkbox"/> DELETE
NAME	WEBER, F. PETER	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEBER, PETER D.	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBER, DAVID B	
STREET ADDRESS	4310 DRANE FIELD RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, changed, or on an attachment with an address.

SIGNATURE:

*David B. Weber*

CR2E034 (9/96)