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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 6:55

DOCUMENT # H30256 (2)

1. Corporation Name

TOOLS-N-MORE, INC.

Principal Place of Business	Mailing Address
6537 SOUTHERN BLVD., SUITES 3-4 W. PALM BEACH FL 33413	6537 SOUTHERN BLVD., SUITES 3-4 W. PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2474447	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VERNER, DEWEY H.
VARNER & STAFFORD, P.A.
2601 10TH AVE. N. SUITE 410
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☒ Addition
NAME	HANSEN, CHARLES F. JR.	12 NAME	
STREET ADDRESS	9278 PERTH RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	ZIP 33467
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	HANSEN, JUDENE	22 NAME	
STREET ADDRESS	9278 PERTH RD.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	ZIP 33467
TITLE	VP	31 TITLE	☐ Change ☒ Addition
NAME	DRAGULA, MARK	32 NAME	
STREET ADDRESS	4102 INLET CRCL.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	ZIP 33463
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Judene A Hansen 3/31/95 407-689-8349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X 202

0992110 CP