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

DOCUMENT # H60064

1. Corporation Name EVER-READY TOOL, INC.				
Principal Place of Business	Mailing Address			
3921-69TH AVE. NORTH PINELLAS PARK FL 34665-6134	3921-69TH AVE. NORTH PINELLAS PARK FL 34665-6134			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
[22]	27			

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90008 046 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

06/06/1985

4. FEI Number 59-2537675

Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No	City & State	ate City & State				6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees		
25 29 30 Personal Property Tax. yes No	23					Tradit and Contribution		to rees
9. Name and Address of New Registered Agent SCOTT, CLIVE T 12855 82ND AVE NORTH SEMINOLE FL 34646 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 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 agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the appointment as registered agent, and accept the obligations of, Section 607,0503, Florida Statutes, the above-named corporation's board of directors. I heraby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0503, Florida Statutes, the above-named corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I heraby accept the dark argument agent a	Zip	Country	_ · -	Country				
SCOTT, CLIVE T 12855 82ND AVE NORTH SEMINOLE FL 34646 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 2/p Code 84 City FL 85 2/p Code 85 Signature, speed or protections of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE 85 CITY STATE 12	24	25	29	30		Personal Property Tax.		
SCOTT, CLIVE T 12855 82ND AVE-NORTH SEMINOLE FL 34646 83 64 City FL 85 Zip Code 111Pursuant 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 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, 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, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. INME SMITH, STEPHEN K. 15 INME OSMITH, STEPHEN K. 16617-94TH ST. NORTH 15 SCOTT, CLIVE T. 22 AMAE 23 TIREET ADDRESS SCOTT, CLIVE T. 22 AMAE 31 STREET ADDRESS SCOTT, CLIVE T. 24 AUGUST ST. 2P Change Addition Change Addition Change Addition Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition AUGUST ST. 2P TITLE DELETE 13 TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Addition AUGUST ST. 2P Change Addition Addition Addition Addition Addition AUGUST ST. 2P Change Addition Addition Addition Addition Addition Addition AUGUST ST. 2P Addition AUGUST ST. 2P Addition ADDITIONS/CHANGES NOD ALC And Accept the appointment as registered	- · L . ———	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
12855 82ND AVE NORTH SEMINOLE FL 34646 83				81	Name			
SEMINOLE FL 34646 84 City FL 85 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME SMITH, STEPHEN K. 12 MAME SIRETADORESS 10617-94TH ST. NORTH SCOTT, CLIVE T. 1. ACTIV-ST-ZIP SEMINOLE FL 22 NAME STREET ADDRESS 12855-82ND AVE. NORTH 22 STREET ADDRESS 11 TITLE DELETE 11 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 41 TITLE DE	SCOTT, CLIVE T			92	Stroot Addre	es (P.O. Box Number is Not Acceptable	6)	
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### City ### FL ### Zip Code ### City ### FL ### Zip Code ### Addition ### Addition				83	83			
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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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Team familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Page 1.5005, Fl		• • •			City	EI 85 Zip Code		
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME D	office or r agent. I a	agistared agent or both in the State O	Fiorina Such change was au	IU IONZEU DV	LINE COLPORALIO	n's board of directors. I hereby accept	the appointment as re	egistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 TITLE D	SIGNATURE	Slonature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature required	when reinstating)		
DELETE D	12.			13		ADDITIONS/CHANGES TO OFFI		ORS IN 12
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CITY-ST-ZIP			1	2.3 STREE	T ADDRESS			
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64 CITY-ST-ZIP		1.533		6.4 CITY-	ST-ZIP			
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. Thereby certification 14. Thereby certifica	14 hereby	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that the	information

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.