

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05090 (2)

1. Corporation Name

SPAULDING TOOL & MOLD CO., INC.

Principal Place of Business

379 E. DOUGLAS RD.
B
OLDSMAR FL 34677
US

Mailing Address

379 E. DOUGLAS RD.
B
OLDSMAR FL 34677
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
03/20/1986

3a. Date of Last Report
04/26/1995

4. FE Number
59-2649670

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SPAULDING, ROBERT G., JR.
379 E. DOUGLAS ROAD, B.
OLDSMAR FL 34677

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 607.1508, 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 of Registered Agent or Registered Office

Signature of Registered Agent or Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PST
SPAULDING, ROBERT G., JR.
2399 MADRID AVENUE
SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
SWANSON, SUE
801-83RD AVE. NO. #122
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(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, unchanged, or on an attachment with an address.

SIGNATURE:

Del Spaulding Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Spaulding Pres

3-14-96

Date

Signature Printed Name

CR2E034 (12/95)