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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J62023

(3)

BOYD TOOL COMPANY, INC.

**FILED** Apr 18 1997 8:00am Secretary of State



7						
Principal Place of Business Mailing Address					- I DEBINIA BINA BINA NENY ARAW NEBARAN	148     1101   01011 #1611 B1614 B1611 1001
4428 NW 20TH COCONUT CR	H ST REEK FL 33066	4426 NW 20TH ST COCONUT CREEK FL	33066-1042			
					3. Date Incorporated or Qualified 03/09/1987	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address	—n		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0001875	Not Applicable	
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<u>⊢</u> ¬ '		Trust Fund Contribution	Added to Fees
Zip	Country Zip		Coun	ltry	8. This corporation has liability for intangible tax under s. 199 032,	
24	25 29 30		30			
	9, Name and Address of Co	urrent Registered Agent		54 T 4 1	10. Name and Address of New Reg	Istered Agent
BOYD, CHARLES A.			'	81 Name		
4426 NW 20TH ST		•	[4	32 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
LU	CONUT CREEK FL 33068		1	33		
			Ľ			
			8	34 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	2.0502 and 607.1508, Florida Sta	atutes, the abo	ove-named corp	poration submits this statement for the pu	urpose of changing its registered
office or r	registered agent, or both, in the t am familiar with, and accept the d	State of Florida, Such change was abbigations of Section 607 0505	as authorized Elorida Statu	by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	the appointment as registered
SIGNATURE		singulario of booker corrector	TIOTHO OKAO	100.		
DIGITATIONE	Signature, typed or printed name of register		NOTE Registered a	Agent signature requ	red when re-ristating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	DP OWENER A	☐ DETE1£	11 1176	E		☐ Change ☐ Addition
NAME	BOYD, CHARLES A.		1.2 NAN			
STREET ADDRESS	4426 NW 20TH ST COCONUT CREEK FL			EET ADDRESS		
CITY-ST-ZIP TITLE	COCONOT CREEK FL	DELFTE	1,4 CHTY 2.1 TITI	'-ST-ZIP		Change Addition
NAME		ב אנות ונ	2.1 HT 2.2 NAM	_		L.J. Change L.J. Addition
STREET ADDRESS				EL1 ADDRESS		
CITY-ST-ZIP		1		Y - \$1 - ZIP		
TITLE		DELETE	3.1 Titu			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STH	ET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		DOTOTE	4.1 TITU			Change Addition
NAME			4. 2 NAM	AE		
STREET ADDRESS			4.3 STRE	e,t address		
CITY-ST-ZIP				- \$1 - Z(P		
TITLE			5.1 11111			Change Addition
NAME			5.2 NAM	!		
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP		DELETI		- ST - 7IP		
TITLE		☐ DITEIF	6.1 TITLE			Change Addition
NAME PERSON ADDRESS			G.2 NAM	I .		
STREET ADDRESS				F1 ADDRESS		
CITY-ST-ZIP			64 CITY	- ST - 7/P		

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 I changed, or on an attachment with an address.