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 # K35425

TRON NAILS & TOOLS, INC.

Principal Place	e of Business	Mailing	Address						
29829 US HIGH CLEARWATER F	IWAY 19 NORTH FL 34621		29829 US HIGHWAY 19 NORTH CLEARWATER FL 34621			DO NOT WE	NE IN THE	CDACE	
						DO NOT WE		SPACE	
						3. Date Incorporated or Qualife	1		ļ
						09/29/1988			
2. Principal P	lace of Business	2a. Mai	ling Address			4. FEI Number		Apr	plied For
21	S. F. Carlotte	26				59-2910475		Not	t Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Rec	quired
City & Stat	ريدان ياحديهم دير يساسه	City	& State			6. Election Campaign Financing	. _П -	\$5.00	May Be
23	, k	28				Trust Fund Contribution	. П	Added to	o Fees
Zip	Country	Zip		Country	,	8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30	7		Personal Property Tax.	•		□No
24	9. Name and Address of Curre	11		,		10. Name and Address of New	Registered	Agent	
	0, 1001110		<u> </u>	81	Name				
WER	INER. SIDNEY								
5999 CENTRAL AVENUE				82	Street A	ddress (P.O. Box Number is Not Accep	table)		
SUITE 200				83	 				
	PETERSBURG FL 33710			83					
31. 1	CICHODONA I C 301 10			84	City	<u> </u>	FL	85 Zip C	ode
44	to the previous of Sections 607.05	02 and 607 14	508 Florida Statutes	the abov	e-named c	orporation submits this statement for the	e purpose of	changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	ant Florida Si	uch chande was autr	iorizea by	the corbor	ation's board of directors. I hereby acc	ept the appo	intment as reg	gistered
SIGNATURE			•				DATE		
					nt signature rec	uired when reinstating) ADDITIONS/CHANGES TO C		UD DIRECTO	RS IN 12
12.		ND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO C	FFICEING AI	Change	Addition
,TITLE	DP .		POECEIE	1.1 TITLE		•		Gridings	
NAME			1.2 NAME		·				
STREET ADDRESS			1.3 STREE	T ADDRESS					
ÇITY-ST-ZIP			1.4 CITY-5	T-ZIP					
TITLE	DST		☐ DELETE	2.1 TITLE				Change	Addition
NAME	FLANNERY, BARBARA J. 22 N		2.2 NAME	ĺ					
STREET ADDRESS			2.3 STREE	TADDRESS				!	
CITY-ST-ZIP			2.4 CITY-	ST-7IP					
TITLE			3.1 TITLE	-			☐ Change	☐ Addition	
NAME	FLANNERY, MICHAEL			3.2 NAME					
	ACCOUNT TO LEAST 40 MODELL				T ADDRESS		*		
STREET ADDRESS									
CITY-ST-ZIP	CLEARWATER FL		□ DELETE	3.4. CITY-				☐ Change	[] Addition
TILE			☐ perete	4.1 TITLE	į			C cusuas	۲, ۱۵۵٬۵۵٬۱
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	TADDRESS				
CITY-ST-ZIP				4.4 CITY-5	T-ZIP				
TITLE		_	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME	1				
STREET ADDRESS	· ·			5.3 STREE	TADDRESS				
CITY-ST-ZIP	J			5.4 CITY-5	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
	1			6.2 NAME					
NAME CERTAINDRESS					TADORESS				
CUDEET ADDDECC									

CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90116 007 ***150.00