Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90214 003 ***150.00

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 # L40223

Corporation	n Name				
CHALLENGER TOOL & MOLD, INC.					
Principal Place	e of Business	Mailing Address			I (ADDITATI ETI BELIK EDIKE TIMEN TARUK 1810) ANDIN
2006 6TH PLACE SW 2006 6TH PLACE SW					
LARGO FL 34640 LARGO FL 34640					
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/29/1989
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
1 26				59-2992439 Not Applicable	
		Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State City & State					6. Election Campaign Financing \$5.00 May Be
28		28			Trust Fund Contribution Added to Fees
Zíp	Zip Country Zip 25 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. □ ✓ Yes □ No
24 25 29 3 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
			81	Name	
DEVLIEGER, TERRY A		82	Street Ade	ddress (P.O. Box Number is Not Acceptable)	
2006 6TH PLACE SW LARGO FL 33770			83		
D'ii le	30 12 00110		63	_	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	e-named col	orporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	horized by	the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		,			
			•	nt signature requi	uired when reinstating) DATE DATE
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	DEVLIEGER, TERRY A.		1.2 NAME		
STREET ADDRESS	2006 - 6TH PLACE S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CiTY-ST-ZiP		
TITLE	STV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVLIEGER, NANCY L.		22 NAME		
STREET ADDRESS			2.3 STREE	TADDRESS	the second of t
CITY-ST-ZIP	LARGO FL		2. 4 CITY- 5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	DDRESS 33 S		3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3 4. CITY- 9	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		· · · · · · · · · · · · · · · · · · ·
NAME				T ADDRESS	
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP	ZIP		61 TITLE	1-28	☐ Change ☐ Addition
TITLE		C OLCCIE	6.2 NAME		
NAME				TADDRESS	•

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: