

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M29573** (6)

1. Corporation Name

TOOL WAREHOUSE, INC.

Principal Place of Business

**4505 S.W. 36TH ST.
FT. LAUDERDALE FL 33314**

Mailing Address

**4505 S.W. 36TH ST.
FT. LAUDERDALE FL 33314**



3. Date Incorporated or Qualified
03/27/1986

3a. Date of Last Report
01/24/1995

2. Principal Place of Business
21 **4505 S.W. 36 ST.**
Suite, Apt. #, etc.
22
City & State
Ft. Lauderdale, FL
Zip Country
33314 U.S.A.
23
City & State
Ft. Lauderdale, FL
Zip Country
33314 U.S.A.
24

2a. Mailing Address
26 **4505 S.W. 36 ST.**
Suite, Apt. #, etc.
27
City & State
Ft. Lauderdale, FL
Zip Country
33314 U.S.A.
28
City & State
Ft. Lauderdale, FL
Zip Country
33314 U.S.A.
29

4. FEI Number
59-2665367
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

9. Name and Address of Current Registered Agent

**DITTHARDT, BRIAN J.
2219 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020** New Addr.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1000 N Hiatus Rd.
83
Suite 140
84 City
Pompano, FL 85 Zip Code
33026

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. **P-3**
MANUEL, GREG
4505 S.W. 36 ST.
FT. LAUDERDALE FL 33314
2. **VP**
ROBERT B. MOWERS
232 PHEASANT LN
MARIETTA, OHIO 44240
3. **VP**
ROBERT A. MOWERS
3141 Snowmass Lane
Akron, Ohio 44319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory E. Manuel 1-19-96 797-8665

Date

Daytime Phone

CR2E034 (12/95)