## 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 # M63514

	TOUL AND GEAR INDUS		g Address							
Principal Place			=				,	•		
C/O JAMES ALLEY C/O JAMES ALLEY 5290 95TH STREET N. 5290 95TH STREET N.										
5290 95TH STREET N. 5290 95TH STREET N. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708				3			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	j		
							12/10/1987			
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Number		Ap	plied For
21		26					15-1384022		No	ot Applicable
Suite, Apt.	#, etc.	Şu	ite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22	والمنافق والمتافية والمتافية	27					5. Certificate of Status Desired		Fee Re	equired
City & State	e ,	Cit	ty & State				6. Election Campaign Financing	' □ .		May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	)	Cour	ntry		8. This corporation owes the cu	rrent year Ir		!
24	25	29		30			Personal Property Tax.		Yes Yes	_ No
	9. Name and Address of Curre	ent Registere	ed Agent				10. Name and Address of New	Registered	Agent	
				ŀ	81	Name	•			İ
	EY, JAMES			ŀ	82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
	95TH STREET N.			1						
ST. I	PETERSBURG FL 33708			ſ	83				•	J
ı				}	84	City			85 Zip (	Code
	•						,	FI	_   ``	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida :	Such change was at	utnorizea	טע נח	named corporation	oration submits this statement for the on's board of directors. I hereby acce	e purpose o	ointment as re	egistered
						•	• •			ì
SIGNATURE	Signature, typed or printed name of registered ag				_	ignature required	when reinstating)	DATE		
	* *	gent and title if app	olicable. (NOTE:		_	signature required	when reinstating)  ADDITIONS/CHANGES TO O			
SIGNATURE	Signature, typed or printed name of registered age	gent and title if app	olicable. (NOTE:	: Registered	Agent si	signature required	_ <del></del>		ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	gent and title if app	olicable. (NOTE:	Registered /	Agent si	agnature required	_ <del></del>			
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	gent and title if app	olicable. (NOTE:	13. 1.1 TITI 1.2 NA	Agent si LE ME	ignature required	_ <del></del>			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D ALLEY, JAMES	gent and title if app	olicable. (NOTE:	13. 1.1 TITI 1.2 NA 1.3 STR	Agent si LE ME	DDRESS	_ <del></del>			☐ Addition
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS A D ALLEY, JAMES 5290 95TH ST. N.	gent and title if app	olicable. (NOTE:	13. 1.1 TITI 1.2 NA 1.3 STR	Agent si	DDRESS	_ <del></del>			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS A  D  ALLEY, JAMES 5290 95TH ST. N. ST. PETERSBURG FL	gent and title if app	ORS DELETE	13. 1.1 TIII 1.2 NA 1.3 STR 1.4 CIT	Agent si LE ME REET AI Y-ST-Z	DDRESS	_ <del></del>		☐ Change	☐ Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90218 038 \*\*\*150.00