

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90187 041 \*\*\*150.00

0495606

DOCUMENT # P01574

1. Corporation Name

IGGESUND TOOLS, INC.



Principal Place of Business

220 SCARLET BLVD.  
OLDSMAR FL 34677

Mailing Address

220 SCARLET BLVD.  
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1984

4. FEI Number

04-2780879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MICHAELS, THOMAS O. ESQ.  
1370 PINEHURST ROAD  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ~~STD~~ ☒ DELETE

NAME ERKEN, MATTS  
STREET ADDRESS 220 SCARLETT BLVD.  
CITY-ST-ZIP OLDSMAR FL

CHANGE  
OFFICES

TITLE AT ☐ DELETE

NAME FERNANDEZ, DAWN  
STREET ADDRESS 220 SCARLETT BLVD.  
CITY-ST-ZIP OLDSMAR FL

TITLE S ☐ DELETE

NAME MICHAELS, THOMAS O. ESQ.  
STREET ADDRESS 1370 PINEHURST ROAD  
CITY-ST-ZIP DUNEDIN FL

TITLE D ☐ DELETE

NAME RAHMSTROEM, ANNE  
STREET ADDRESS KRAKOVAGEN 17  
CITY-ST-ZIP HUDIKSVALL SW

TITLE D ☐ DELETE

NAME RAHMSTROEM, BJOERN  
STREET ADDRESS KRAKOVAGEN 17  
CITY-ST-ZIP HUDIKSVALL SW

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PT ☒ Change ☐ Addition

ERKEN, MATTS  
220 SCARLETT BLVD  
OLDSMAR, FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)