## FILE NOW: FILING FEE AFTER MAY 1 IS \$500

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTM<sub>OF</sub> STATE

Sandra B. M<sub>RW</sub>

Secretary of, DIVISION OF CORTIONS

1997 DOCUMENT # P22544

(1)

WILSON	TOOL	INTERNATIONAL,	INC.

**FILED** 

May 09 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address			I îbbildă) îld libid libid bini bini bini din din din din din din din din din					
1 12912 FARNHAM AVE.,		12012 FARNHAM AVE		}				
WHITE BEAR L		WHITE BEAR LAKE MN 551	10-59,					
1			Ä	3. Date Incorporated or Qualified	3a Date	of Last Br	epart	
			<u>h</u>	,	05/01/1996			
2 Principal Pi	ace of Business	2a. Mailing Address		01/12/1989 4. FEI Number	ר ה/פה		plied For	
<del></del> -	aco or business	26		<i>}</i>			i Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional				
22		27		<ol><li>Certificate of Status Desired</li></ol>		Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00	May Re	
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip D <sub>1y</sub>		This corporation has liability for in	tanoible ta			
24	25		30	Florida Statutes	Yes 🔀	No		
<del></del>	9. Name and Address of Curren			10. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM Name								
			12 Street Add	A A A A A A A A A A A A A A A A A A A				
1	1200 S. PINE ISLAND ROAD PLANTATION FL 33324			iress (P.O. Box Number is Not Acceptable	e)		}	
1 100	MINION I'L 35324		13					
·			1					
•			34 City		FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	S 100 up pamed co	reception submits this statement for the p		hanging i	ts registered	
office or r	egistered agent, or both, in the Stale	of Florida. Such change was at	thori by the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	t the appoi	ntment as	registered	
ſ	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Flor	icia S <sub>10</sub> s.				ļ	
SIGNATURE	Signature, typod or printed name of registered age	of and fric if applicable (NOV)	Regist Agent signature req	Confusion colorations	DATE			
12.	OFFICERS AN		I 1;	ADDITIONS/CHANGES TO OFFIC	ERS AND L	DIRECTOR	RS IN 12	
TITLE	T	DELETE	1:			Change	Addition	
NAME	RENNER, RICHARD T.		1.ME				ļ	
STREET ADDRESS	484 CHANDLER CT.		1 SEET ADDRESS				}	
CITY-ST-ZIP	SHOREVIEW MN		1-Y-ST-ZIP				ł	
TITLE	SD SD	DELETE	215			Change	Addition	
NAME	WILSON, RUTH L.		22/15				)	
STREET ADDRESS	102 DELLWOOD AVE.		2-3ret Address				}	
CITY+ST-ZIP	WHITE BEAR LAKE MN		1				ļ	
TITLE	D	☐ DELETE	3.1 <sub>F</sub>			Change	Addition	
NAME	WILSON, KENNETH J.		3.5/16			-		
STREET ADDRESS	102 DELLWOOD AVE.		I				,	
, ;	WHITE BEAR LAKE MN		3 AFET ADDRESS					
CITY-ST-ZIP	WHITE DEAN LANE MIN	☐ DELETE	3.4 Y-ST-ZIP			Change	Addition	
1		otten	4.4 E		,	۰۰۰۰۰۰۹۰ وت		
NAME			4. IME					
STREET ADDRESS			4.3iff1 Andress					
CITY-ST-ZIP		DELETE	4.4y - \$1 - 7IP			Change	Addition	
TITLE		C) Apprent	5.1 <u>s</u>			- ouende	, LI Manon	
NAME			5.2 <sub>ME</sub>					
STREET ADDRESS			5.3 JEET ADDRESS					
CITY-ST-ZIP		T APPETE	5.4 y . SY - ZIP			Change	Addition	
TITLE		☐ DELETE	6.1 <sub>.E</sub>			LT cuange	: LJ AUUIOOII	
NAME			62 NE					
STREET ADDRESS			6.3 FET ADDRESS					
CITY-ST-ZIP			644.ST-71P			<del></del>		
14. I do here	by certify that the information supplie	d with this filing does not qualify	for thexemption sta	ited in Section 119.07(3)(i), Florida Statut	es. I further	certify the	at the	

Tam an officer or director of the corporation or supplemental abilities report is true and; curate and that my signature shall have the same legal effect as if made under or tam and officer or director of the corporation or the receiver or trustee empowered to pecule 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 attackment with an address.

MENCO OFFICER OR DIRECT RICHARD T RICHARD 4/23/47 612-426-1384