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CORPORATION
ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:03

DOCUMENT # **P93000009839 (0)**

1. Corporation Name
**JON-DEE TOOLS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1581 ROBERT J. CONLAN BLVD. N.E.<br>SUITE 100<br>PALM BAY FL 32905 | 1581 ROBERT J. CONLAN BLVD. N.E.<br>SUITE 100<br>PALM BAY FL 32905 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1993**
3a. Date of Last Report: **02/23/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3240 WEBER ROAD | 26 3240 WEBER ROAD |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: MALABAR, FL. | 28 City & State: MALABAR, FL. |
| 24 Zip: 32950 | 25 County: BREVARD |
| 29 Zip: 32950 | 30 County: BREVARD |

4. FEI Number: **59-3172523** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JACOBY, DAVID H<br>1581 ROBERT J. CONLAN BLVD. N.E.<br>SUITE 100<br>PALM BAY FL 32905 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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 _____ DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| 11 TITLE: PTD<br>12 NAME: CRIDDLE, JOHN D<br>13 STREET ADDRESS: 3240 WEBER ROAD<br>14 CITY ST ZIP: MALABAR FL | 11 TITLE ☐ Change ☐ Addition<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP |
| 21 TITLE: SVD<br>22 NAME: CRIDDLE, PAMELA S<br>23 STREET ADDRESS: 3240 WEBER ROAD<br>24 CITY ST ZIP: MALABAR FL | 21 TITLE ☐ Change ☐ Addition<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | 31 TITLE ☐ Change ☐ Addition<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | 41 TITLE ☐ Change ☐ Addition<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | 51 TITLE ☐ Change ☐ Addition<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | 61 TITLE ☐ Change ☐ Addition<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and collected chiefly 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 13 above, if changed, or on an attached sheet with an address.

**SIGNATURE:** Pamela S. Criddle PAMELA S. CRIDDLE VICE-PRES. 2-16-95 407-724-9026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

0067618 CP