

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90001 029 \*\*\*150.00

DOCUMENT # P93000080497

1. Corporation Name

C & A TOOLS UNLIMITED, INC.

Principal Place of Business

Mailing Address

~~1856 NALDO AVENUE~~  
JACKSONVILLE FL 32207

~~1856 NALDO AVENUE~~  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

4. FEI Number

59-3210605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 11976 Marabou Ct. S.

26 11976 Marabou Ct. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32223

25 Duval

29 32223

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISCHILLES, BRADLEY R

~~1856 NALDO AVENUE~~  
JACKSONVILLE FL 32207

81 Name

Same

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

11976 Marabou Ct. S.

83

84 City

Jacksonville

FL

85 Zip Code

32223

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CHRISCHILLES, BRADLEY R

STREET ADDRESS ~~1856 NALDO AVENUE~~

CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DS ☐ DELETE

NAME CHRISCHILLES, LEANNE C

STREET ADDRESS ~~1856 NALDO AVENUE~~

CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

11976 Marabou Ct. S.

32223

☒ Change ☐ Addition

11976 Marabou Ct. S.

32223

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/99 904-367-9640

CR2E034 (5/99)

590773-90001-29

P93000080497

Dear Department of State,

I talked to your office recently, they told me that since I did not receive the FIRST annual report notice, to send in the \$150.00 fee.

Thank-you for your support.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Brad Christilles'.

Brad Christilles, Pres.