FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000039482 (2) **DOCUMENT #**

E & D CUTTING TOOLS, INC.



Principal Place	e of Business	Mailing Address			FOIII #8141 OBLOG \$1150 IQFIL BIQBI \$9119 1191 1991	
13648 CROFT DR. 13648 CROFT DR.						
13648 CHOFF DH. 13648 C LARGO FL 34644 LARGO (
				3. Date Incorporated or Qualifier 05/25/1994	3a. Date of Last Report 04/25/1995	
	lace of Business	2a. Mailing Aridress		4. FEI Nuniber	Applied For	
21 Crite Ant	H _ L _	26		59-3246100	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip Gountry		Zφ	Country		This corporation has liability for intangible tax under s 199,032.	
24	25	29	30		es 🔲 No	
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered Agent	
			81 Na	me		
NEWBOULD, EDWARD H			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)		
	CROFT DR.) Fl. 34644		83	2		
			84 City	·	Teel 7- C-d-	
				d corporation submits this statement for the p	FL 85 Zip Code	
SIGNATURE 12.	Signature, typed or protest name of registerior agent OFFICERS AN		v.H.E. Regedered Agent signal	ADDITIONS/CHANGES TO O	DATE FICERS AND DIRECTORS IN 12	
Tillet	D	DELETE	1 111(f	7.00711011070701741000317070	Change Add tion	
NAME	NEWBOULD, EDWARD H		1.2 NAME			
STREET ADDRESS	13648 CROFT DR.		1.3 STREET ADDRE	ss		
CITY - ST - ZIP	LARGO FL 34644		1.4 C+TY - ST - Z+P			
TITLE	D DOWN D DOWN	DELETE	2 1 T-TLE		Change Addition	
NAME STREET ADDRESS	NEWBOULD, DONNA L 13648 CROFT DR.		2.2 NAME			
CITY+S1+ZIP	LARGO FL 34644		2 3 STREET ADDRE	SS		
TITLE		DEFETE	2 4 CITY - SI - ZIP 3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE- LADDRI	ESS		
CITY-ST-7IP			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITEE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADDRE	58		
CITY-ST-ZIP TITLE		DELFIE	4.4 CITY - ST - ZIP 5.1 TITLE		Cl Character Cl Addition	
NAME			5.2 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRE	ss		
CITY - ST - ZIP			5.4 CITY - ST- ZIP	~~	i	
TITLE		☐ DELFTE	6 1 TITLE		Change Addition	
NAME			6.2 NAME		_ · _	
STREET ADDRESS			6.3 STREET ADDRE	ss		

6.4 City - \$1 - zip 6.4 City: \$1-2iP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 are an officer or director of the corporation or the receiver or trustee emphywered 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Declaration of the corporation of the