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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039482 (2)

E & D CUTTING TOOLS, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13648 CROFT DR 13648 CROFT DR LARGO FL 33774 LARGO FL 33774 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3246100 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81] NEWBOULD, EDWARD H 13648 CROFT DR. 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33774 83 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 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NEWBOULD, EDWARD H NAME 1.2 NAME CR2E034 13648 CROFT DR. 1.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 1,4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NEWBOULD, DONNA L NAME 2.2 NAME 13648 CROFT DR. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4,3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.