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FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048724 (6)**

1. Corporation Name

HEBERT TOOLS & EQUIPMENT, INC.

Principal Place of Business

**1711 CARILLON PARK DRIVE
OVIEDO FL 32765**

Mailing Address

**1711 CARILLON PARK DRIVE
OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

59-3262171

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1635 ONON DAGA DRIVE

Suite, Apt. #, etc.

22

City & State

23 GENEVA, FL

Zip

24 32732

Country

2a. Mailing Address

25 1635 ONON DAGA DRIVE

Suite, Apt. #, etc.

27

City & State

28 GENEVA, FL

Zip

29 32732

Country

30

9. Name and Address of Current Registered Agent

**HEBERT, JOHN
1711 CARILLON PARK DR
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name

JOHN HEBERT (PRESIDENT OF CORP)

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

1635 ONON DAGA DRIVE

83

84

City

GENEVA

FL

85

Zip Code

32732

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

John Hebert

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME

HEBERT, JOHN

STREET ADDRESS

1711 CARILLON PARK DRIVE

CITY-ST-ZIP

OVIEDO FL 32765

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *John Hebert*

1-27-98

407-579-5864

CR2E034 (10/97)