

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000064117 (2)

1. Corporation Name

TOOLWERKS CORP.



Principal Place of Business

560 HARBOR COVE CIRCLE
LONGBOAT KEY FL 34228

Mailing Address

560 HARBOR COVE CIRCLE
LONGBOAT KEY FL 34228

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEBER, DANIEL L
560 HARBOR COVE CIRCLE
LONGBOAT KEY FL 34228

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

07/14/1995

4. FEI Number

65-0520190

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0607 and 607.1201, 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 I accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	WEBER, DANIEL L	560 HARBOR COVE CIRCLE	LONGBOAT KEY FL 34228	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS
18 CITY-STATE-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE
24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS
30 CITY-STATE-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 TITLE
36 NAME	37 STREET ADDRESS	38 CITY-STATE-ZIP	39 TITLE	40 NAME	41 STREET ADDRESS
42 CITY-STATE-ZIP	43 TITLE	44 NAME	45 STREET ADDRESS	46 CITY-STATE-ZIP	47 TITLE
48 NAME	49 STREET ADDRESS	50 CITY-STATE-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS
54 CITY-STATE-ZIP	55 TITLE	56 NAME	57 STREET ADDRESS	58 CITY-STATE-ZIP	59 TITLE
60 NAME	61 STREET ADDRESS	62 CITY-STATE-ZIP	63 TITLE	64 NAME	65 STREET ADDRESS
66 CITY-STATE-ZIP	67 TITLE	68 NAME	69 STREET ADDRESS	70 CITY-STATE-ZIP	71 TITLE

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)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplement changed 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 in connection with an official filing with this office.

SIGNATURE: DANIEL L. WEBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel L. Weber

4/4/96

941.3835472

CR2E034 (12/95)