## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000070694

KEYSTONE TOOL & MOLD, INC.

**FILED** Feb 18, 1999 8:00am **Secretary of State** 

02-18-1999 90105 004 \*\*\*150.00



Principal Place of Business Mailing Address 1150 KAPP DRIVE 1150 KAPP DRIVE CLEARWATER FL 34625 CLEARWATER FL 34625 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 Applied For <u>59-3</u>273690 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certifcate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 П Trust Fund Contribution Zip Country Added to Fees Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent ☐ Yes □No 10. Name and Address of New Registered Agent 81 KANE, JAMES A. 1150 KAPP DRIVE Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34625 83 City 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 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. Zip Code SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTS DELETE 1.1 TITLE NAME KANE, JAMES A ☐ Change ☐ Addition 1.2 NAME **403 EDGEWOOD AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ПΠЕ DELETE 2.1 TITLE Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME Change ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TILE ☐ DELETE 5.1 T/TI F NAME Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

012699

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