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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000082589 (0)**

1. Corporation Name

**OSPREY TOOL INCORPORATED**

Principal Place of Business
13761
~~13753~~ LINDEN DR., SUITE D
SPRING HILL FL 34609

Mailing Address
13761
~~13753~~ LINDEN DR., SUITE D
SPRING HILL FL 34609

2. Principal Place of Business
21 13761 Linden Dr.
Suite, Apt. #, etc.
22 D
City & State
23 Spring Hill, FL
Zip 24 34609 Country 25

2a. Mailing Address
26 13761 Linden Dr
Suite, Apt. #, etc.
27 D
City & State
28 Spring Hill, FL.
Zip 29 34609 Country 30

3. Date Incorporated or Qualified: 11/10/1994

3a. Date of Last Report: 03/15/1995

4. FEI Number: 59-3276892 ☐ 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

9. Name and Address of Current Registered Agent

**BOHNSACK, SCOTT**
**13753 LINDEN DR., SUITE D**
**SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 (Signature, type or print name of registered agent) (TITLE, if registered agent is not an individual) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BOHNSACK, SCOTT | | 1.2 NAME | | |
| STREET ADDRESS | 11175 NEXUS DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NICOLA, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | 12171 CAVERN ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL FL 34609 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | TAYLOR, JAMES | | 3.2 NAME | | |
| STREET ADDRESS | 8242 JOEL STREET | | 3.3 STREET ADDRESS | 21262 Moore Road | |
| CITY-ST-ZIP | SPRING HILL FL 34606 | | 3.4 CITY-ST-ZIP | Brooksville, FL. 34609 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | 100001830811 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | -05/20/96--01106--023 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | ***200.00 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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 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:** [signature] James Taylor 4-29-96 352-688-8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number