

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067056 (8)

1. Corporation Name

AMERICAN TOOL & EQUIPMENT, INC.



Principal Place of Business

Mailing Address

601 BAYSHORE BLVD.
SUITE 700
TAMPA FL 33606

601 BAYSHORE BLVD.
SUITE 700
TAMPA FL 33606

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 4401 East Broadway

26 P. O. Box 79003

4. FET Number

59-3336916

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. 199.03?
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

23 Tampa, FL

28 City & State

28 Tampa, FL

24 Zip

24 33605

25 Country

25 U.S.

29 Zip

29 33619

30 Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKWOOD, PETER T
601 BAYSHORE BLVD.
SUITE 700
TAMPA FL 33606

81 Name

PETER D. WEBER

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

4401 East Broadway

83

84 City

Tampa

FL

85 Zip Code

33605

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, in 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

PETER D. WEBER

Signature of Registered Agent (required when re-appointing)

6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T/D ☐ DELETE
NAME Peter D. Weber
STREET ADDRESS 4401 East Broadway
CITY-ST-ZIP Tampa, FL 33605

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

PETER D. WEBER, President

6/10/96

813-247-5038

CR2E034 (3/96)