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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION O	F CORPORATIONS	•	
DOCUI	MENT # P9500	00079469 (9	9)		
•	PION TOOL, INC.				
Principal Place	e of Business	Mailing Address			
10990 49TH ST. N		10990 49TH ST. N			
CLEARWATE	ER FL 34622	CLEARWATER FL 34	522		<u>-</u>
				3. Date Incorporated or Qualified 3a. E 10/13/1995	Date of Last Report
2. Principal Place of Business		2a. Maling Address		4. FEI Number	Applied For
1		26		59-3340514	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip Country		28] Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,	
4	25	29	30	Florida Statutes 🔲 Yes 🔀 No	)
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
LAY. W	ILLIAM F			ess (P.O. Box Number is Not Acceptable)	
10990 49TH ST. N				ess (F.O. Box Number is Not Acceptable)	
CLEAR	WATER FL 34622		83		
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	12 and 607,1508, Florida Statu	ites, the above named corpor	ration submits this statement for the purpose of rd of directors. Thereby accept the appointmen	changing its registered office
familiar wi	th, and accept the obligations of, Sec	etir 1607.0505, Florida Statute	S	to or the atoms. Thereby accept the appointment	r as registered agent, rann
SIGNATURE .	Signature, typed or printed name or resistered ago	entaine en ifassionable (N	DTE: Registered Agent signature require	d when renstating: DAT	<u> </u>
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PRESIDENT	DELETE	1 1 11/14		Change Addition
NAME STREET ADDRESS	WILLIAM F. LAY 8355 WRENS W	LAY PAIS	1.2 NAME - 1.3 STREET ADDRESS		
CHY-ST ZP	LARGO, FL 346	43	1.4 CITY - S1 ZIP		
TITLE	VILE PRESIDENT	☐ DELETE	2 N TITLE		Change Addition
NAME STREET ADDRESS	SUSAN E. LAY 8355 WRENS WA	ty Pass	2.2 NAME 2.3 STHEET ADDRESS		
CITY - S1 - ZIP	LARGO, FC 346	•	2.4 CITY - ST - 7IP		
TITLE	<del>-</del>	DELETE	3 1 THTLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CHTY-ST-ZIP			3.3 STHEET ADDRESS 3.4 CITY - ST - ZIP		
TitleE		DELETE	4 1 111, €		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIF TITLE		DELETE	4.4 CITY ST-ZIP 5.1 THUE		Change Addition
NAME		_	5 2 NAME		· · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 C(FY - ST - Z(F 6.1 T(TLE		Change Addition
NAME		веселе	6 2 NAME		C C 19196 C Napition
STHEET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIF		1 31 37 32 2	64 CITY ST-ZIF		
certify that	it the information indicated on this an	naul report or supplemental ar	nual report is true and accura	for the exemption stated in Section 119.07(3)(k) ate and that my signature shall have the same k	egal effect as if made under
appears in	n Block 12 or Block 13 if changed, o	r on an attachment with an ad-	dress	is report as required by Chapter 607, Florida St	atutes; and that my name
CICNIAT	TUDE. Wille !	1 1 Do.	Tre M	4/20/66 812	-572-7122
SIGNA	TURE: Will J	OR PRINTED NAME OF SIGNING OFFI	CEA OR DIRECTOR	4/29/46 813	Day inc Phone #
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