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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000079469 (9)

CHAMPION TOOL, INC.

FILED May 22 1997 8:00am Secretary of State



Principal Place 10890 49TH ST CLEARWATER I	. N	Mailing Address 10990 49TH 8T. N CLEARWATER FL 34622-5015	5					
					3. Date Incorporated or Qualific	1	oate of Last Ro /01/1996	eport
9 Principal P	lace of Business	2a. Mailing Address		····	10/13/1995 4. FEI Number	U0/		oplied For
21 7209		26 7209 1141	n Ave	· II.	59-3340514		 	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	
22 SUITE		27 Suite 1	り		Certificate of Status Desired		Fee Re	
City & State	ر مسر	City & State	2/.		Election Campaign Financing Trust Fund Contribution	, 0	\$5.00 Added t	
Zip 24 3377	7.3 Country	29 33773	Country		8. This corporation has liability Florida Statutes		e tax under s.	. 199.032,
	g. Name and Address of Curren		<u> </u>	·	10. Name and Address of New			
LAY.	, WILLIAM F		81 /	Name /.)	ILLIAM E. CA	س1		
10990 49TH ST. N CLEARWATER FL 34622				Street Address (P.O. Box Number is Not Acceptable) 7209 83				
			84	City LAR	6 0	FL		Code
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was au	s, the above-nuthorized by the	named corpo	ration submits this statement for the	ne purpose o	of changing it pointment as	s registered registered
SIGNATURE	in ranililar with, and accept the bung.	ations or, section our coos, mon	ida Siaidies.					
JIGNATORI	Signature: typed or printed name of registered age		Registered Agent (signature required		DATE		
12.	,	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN		
11fLF	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME STREET ADDRESS	LAY, WILLIAM F 8355 WRENS WAY PASS		12 NAME	narec				
CITY-ST-ZIP	LARGO FL 34643		1.3 STREET AD	· \				
TITLE	VP	DELETE	1.4 CiTY-ST-2 2.1 TiTLE	<u>CIP</u>		·····	Change	Addition
NAME	LAY, SUSAN E		22 NAME					
STREET ADDRESS	8355 WRENS WAY PASS		2.3 STREET AD	DRESS		34		
CITY-ST-ZIP	LARGO FL 34643		2. 4 CiTY-ST-	· }		,		
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			32 NAME	1				
STREET ADORESS			3 3 STREET AD	idress				
CITY-ST-ZIF			3.4. CITY - ST-	ZIP				
THILE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AD	DRESS				
CITY - ST - ZIP			4.4 CITY-ST-	ZIP				
TilleE		DELETE	5 1 TITLE				Change	Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET AD	DAESS				
CITY-ST-ZIP	_		5.4 CITY - ST - 2	ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.9 STREET AD	ODRESS				
CHTY - ST - ZIP			6.4 CITY-ST-	ŽIP .				

14. I do 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 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.