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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069315 (5)

FILED May 15 1997 8:00am Secretary of State

TEACHIN	NG TOOLS, INC.					
Principal Place of Business Mailing Address					4 (KONTOK) 110 10110 KUNU KUNU OBIN OBIN ODIN 60140	Milan reine inier iloni eili inni
926 NO FERDON BLVD. CRESTVIEW FL 32536 CRESTVIEW FL 32536 CRESTVIEW FL 32538-1708						
		÷			3. Date Incorporated or Qualified 3a 08/15/1996	Date of Last Report
2. Principal Place of Business 2a. Mailing Address			3		4. FEI Number	Applied For
21 26					59-3346414	Not Applicable
Seite, Apt. #, etc. Suite, Apt. [22]			ipt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & 28		City & State	/ & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζip	Count	ry	8. This corporation has liability for intang	
24	25	29	30		Florida Statutes Yes	
	9. Name and Address of Cu	urrent Registered Agent	8	1 Nome	10. Name and Address of New Registe	red Agent
STEELE, CARLA B 926 NO FERDON BLVD.						<u></u>
CRESTVIEW FL 32536			6	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City		FL 85 Zip Code
agent I a SIGNATURE	5 y - har apris or prised fusion of register	obligations of, Section 607.05			ion's board of directors. I hereby accept the performance of the perfo	9-97
1010.6	President	☐ DELE				AND DIRECTORS IN 12 Change Addition
NAME		ARLIA BOWEN STEELE		E		, z
STREET ADORESS	7704 Steele mil	i ChiRoad	1.3 STAE	et address		R2F034
Cilir-St ZiF	Laurel Hill	FL 32667	1.4 City			
TIFLE	VP 2	☐ DELE		Į.		Change Addition C
NAME	JULY BONEN	•	2.2 NAM			
STREET ADDRESS	MZI HARPERR COUPEL HILL FL	440 31/2 7		ET ADDRESS '- ST-ZIP		P
01'Y \$1-70' 1845	TWO ST STIFF AC	DELE				☐ Change ☐ Addition
NAMÉ			3.2 NAM	E		}
STREET ADDRESS			3.3 STRE	ET ADDRESS		1
CITY+S1+7iP				(+ST-ZIP		
1111		L DELE		Į.		Change Addition
NAME			4. 2 NA			
STHEE ACORESS				ET ADDRESS		
C TY-ST-ZIP THUS		DELE		-ST-ZIP		Change Addition
NAME		Land 2 7 2 4	5.2 NAM	į į		
STREET ADDRESS				ET ADDRESS		
GITY ST-ZiP				-ST-ZIP		
Tift		OELE				☐ Change ☐ Addition
NAME			6.2 NAM	E]		
STREET ADDRESS			63 STRE	ET ADDRESS		
COLY-ST ZIP			64 City	-ST-ZIP		
14. I do herel	by certify that the information sur	pplied with this filing does no	t qualify for the e	xemption stated	d in Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the

information indicated on this annual report of 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: