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Mailing Address

6401 BEECHWOOD AVE.

SARASOTA FL 34231-3808

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Daytime Phone # 0008576

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business 6401 BEECHWOOD AVE.

SARASOTA FL 34231

DOCUMENT # P96000100367 (7)

TIM THE TOOL MAN INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 12/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Z_Ip ☑ Yes □ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ADRIEN, ARTHUR E 3908 - 78TH PLACE EAST 82 SARASOTA FL 34243 83 107.1508, Florida Statutes, the above-named corporation submit this statement for the purpose of changing its registered ida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Section 607.0505, Florida Statutes. 607.0502 and \$07 11. Pursuant to the prooffice or registered agent. I am familia SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) (0 DELETE Change Addition TITLE 1.1 TITLE MCGEE, TIMOTHEY P NAME 1.2 NAME CR2E034 6401 BEECHWOOD AVE. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CHY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 THILE MCGEE, LINDA G NAME 2.2 NAME 6401 BEECHWOOD AVE. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 2.4 CITY-ST-ZIP CITY - S1 ☐ DELETE Change Addition 3.1 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiF Addition DELETE 4.1 TITLE ☐ Change TIFLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 6.1 TITLE Change Addition TOUE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-ZIP 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