

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90158 015 ***150.00

DOCUMENT # P97000085889

1. Corporation Name

NEXT GENERATION TOOL COMPANY

Principal Place of Business

3700 HARBOR CITY BLVD
SUITE 2E
MELBOURNE FL 32935

Mailing Address

2447 N WICKHAM RD
SUITE 138
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

59-3474767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

BOLTON, JOAN A
1992 PLAYER CIR SOUTH
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

Mike Scott

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

2065 Stewart Rd

83

84 City

Melbourne

FL

85 Zip Code

32935

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, or 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 obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Michael L. Scott

Michael L. Scott

4-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

V

☐ DELETE

NAME

BOLTON, DARRELL J
1992 PLAYER CIR SOUTH
MELBOURNE FL 32935

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

☐ DELETE

NAME

BOLTON, JOAN A
1992 PLAYER CIR SOUTH
MELBOURNE FL 32935

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

1.2 NAME

Bolton Darrell J
4918 Terri Ann Cir
Abilene TX 79606

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

P

2.2 NAME

Bolton, Joan A
4918 Terri Ann Cir
Abilene TX 79606

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

Joan Bolton

JOAN BOLTON

President

4/26/99

915-698-3095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0113408