## 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

## DOCUMENT # P97000108214

1. Corporation Name

DESIGN,	MOLDING	, TOOLI	NG, INC.														
Principal Place	of Business			Mailing Address								@11 @\$)11 <b>20</b> 113 0	818F 11871 W		() = () = (		
6085 GRISSOM PARKWAY TITUSVILLE FL 32780				6085 GRISSOM PARKWAY TITUSVILLE FL 32780						DO NOT WRITE IN THIS SPACE							
													IN THIS	SPACE			
									1		Date incorporated or 2/24/1997	Qualifed					
2. Principal Pl	ace of Busine	ss	1	2a. Mailing Address							El Number			Ar	plied	For	
21				26						5،	<u>9-2075539                                   </u>			<del></del>		licable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					.   .	5 C	Certifcate of Status E	esired [	٦	\$8.75			
22				27						<b>.</b> . ~				Fee Re	equire	d	
City & State				City & State					6	6. Election Campaign Financing			7	\$5.00 May Be			
23				28							Trust Fund Contribution				Added to Fees		
Zip	_	Country		Zip	<u></u>	_ Count	гу		8		his corporation owe		year Inta				
24	2:			29	3	0					ersonal Property Ta	~		☐Yes	□No	<u> </u>	
	s of Current Re	11	<b>*</b> I			Name and Address	of New Keg	istered A	Agent								
MADI	DOCKS ION	J				ļ°	"	Name	SCO	TTC	GLOVER						
MADDOCKS, JON 6085 GRISSOM PARKWAY								82 Street Addre			Grissom Pa	t Acceptable	<del>)</del>				
	SVILLE FL 32					-	4			,,,,							
11100	SVILLE I L SA	2700				le le	33										
							84 City			1537	rille		FL	85 Zig	£980		
		<b>.</b>										nt for the nu					
11. Pursuant to office or read agent. I ar	to the provisio egistered ager n familiar with	s of Section or both, and accept	ons 607,0502 and in the State of F at the obligations	id 607,1508 Iorida, Such s of, Section	i, Florida Statutes i change was aut i 607.0505, Florid	, the abo horized b la Statute	ove- oy ti es.	named he corpo	corporati oration's	boai	submits this statement and of directors. I her	eby accept the	ne appoir	ment as re	gister	ed	
SIGNATURE		L 1.70 -									Ø	<u>/</u> &/	<u> </u>		_ [		
Signature, typed or proved name of registered agent OFFICERS AND								stered Agent signature required 13.			DDITIONS/CHANGE	S TO OFFIC	ERS AN	D DIRECTO	ORS II	N 12	
12.	D (	<u> </u>	FICERS AND D	IKEC TORS	DELETE	1.1 TITLE			Di		ector	01001110		X Change		Addition	
TITLE	EVANS, JOHN H				1.2 NAME				Wilber W. Redmer								
NAME	4700 C MACHINICTON AVE									6085 Grissom Parkway							
TITLICUALI E EL 20700											sville, FL						
CITY-ST-ZIP	THOOMELE	. FL 3210	<u></u>					2.1 TITLE PY			dent/Vice P	resider	+ /Di	X) Change	X	Addition	
TITLE											Glover	restae.	10/11	rector			
NAME												kwav					
STREET ADDRESS				' <b>a</b>			2.4 CITY-ST-ZIP			ŭsv	Frissom Par Ville, FL 3	2780	_			1	
CITY-ST-ZIP	<del> </del>				DELETE	3.1 TITLE		- 231	Secr	ret	ary/Treasu	rer/Dir	ecto	Change	X	Addition	
NAME					_	32 NAM					nderson	•					
STREET ADDRESS						3.3 STRI	EET /	ADDRESS			Grissom Par	kwav				1	
						3 4. CIT					ville, FL 3						
CITY-ST-ZIP TITLE					DELETE	4 1 TITL						<del></del>		Change		Addition	
NAME						4. 2 NAN	Æ										
STREET ADDRESS								ADDRESS									
CITY-ST-ZIP						4.4 CITY											
UILT-31-ZIF							Ψ,										

CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. 14. I hereby certify that the information supplied with this filling do indicated on this annual report or supplementar annual apport of ficer or director of the corporation brine receiver of trailing block 12 or Block 13 if changed, of on an application with an

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

407 267 3931

Change

Change

☐ Addition

Addition

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90019 002 \*\*\*150.00