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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State Katherine Harris 05-05-1999 90214 039 ***150.00

FILED

DOCUMENT # P98000076754 1. Corporation Name IMPACT MACHINE & TOOL, INC. Mailing Address Principal Place of Business 4770 110TH AVENUE NORTH SUITE 8 4770 110TH AVENUE NORTH SUITE 8 CLEARWATER FL 34822 CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/31/1998 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip ☐ Yes □No Personal Property Tax. 30 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEIHL, GREGORY S 82 Street Address (P.O. Box Number is Not Acceptable) 4770 110TH AVENUE NORTH SUITE 8 **CLEARWATER FL 34622** 83 84 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change □ DELETE 1.1 TITLE TITLE HAUBENESTEL, WILLIAM T 1.2 NAME NAME 4770 110TH AVENUE NORTH SUITE 8 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33762 **CLEARWATER FL 34622** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE PIEHL, GREGORY S 2.2 NAME MARKE 4770 110TH AVENUE NORTH SUITE 8 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER, PL 33762 **CLEARWATER FL 34622** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 with all other like empowered Block 12 or Block 13 if changed, or on an attachment with in addres

SIGNATURE:

(11/98)CR2E034 **=** 1. = ::·

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