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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # \$78593

(8)

FLOR	RIDA TOOL &	R EQUIPMENT S	ervice, inc.								
Principal	Place of Busines	SS	Mailing Addre	ess				T ROOMER ON TOWER INTER ONLY	CITIL TITH	OLON DIEN HINI	TIRIK (TO)
Principal Place of Business  4300 MAINE AVE LAKELAND FL 33801  Mailing Address  4300 MAINE AVE LAKELAND FL 33801-9787											
								3. Date Incorporated or Qualified 09/09/1991		ate of Last F 01/1996	Report
2. Princip	pal Place of Busi	ness	2a. Mailing Ad	ddress				4. FEI Number	<u>`</u>	A	pplied For
21			26	. <u> </u>				59-3080189		Not Applicable	
——— <u> </u>	Apt #, etc		Suite Apt	. #, etc.				5. Certificate of Status Desired			Additional equired
22 City &	State		27 City & Sta	te				6. Election Campaign Financing		<del></del>	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country	Zip		Countr	у		8. This corporation has liability for	intangible	e tax under s	199.032,
24		25	29		30				Yes		
		and Address of Cur	rrent Registered Ager	nt	81	I Name		10. Name and Address of New R	egistered	Agent	
	ALEXANDER, A 2873 WOODCF										
	28/3 WUUDUR LAKELAND FL				82	Street	Addre	ss (P.O. Box Number is Not Accepta	ble)		
•	CAUCIO I C	00001			83	3					
						<u> </u>					
					84	City			FL	_   <b>85</b>   Zip	Code
office agen	uant to the provi e or registered a nt. I am familiar w	sions of Sections 607.0 gent, or both, in the St vith, and accept the ob	0502 and 607 1508, Fl tate of Florida. Such ch oligations of, Section 6	lorida Statut nange was a 07 0505, Fid	tes, the abov authorized b orida Statute	ve-named by the col es.	d corpo rporatio	ration submits this statement for the on's board of directors. I hereby acce	purpose o	of changing i pointment as	its registered s registered
SIGNATU	JBE										
SIGNATU		at or provedurante of registered		(NOT		gent signatur	re required	d when reinstating)	DATE		
12.	Signaturi, Type		AND DIRECTORS		13.		re required	d when reinstating) ADDITIONS/CHANGES TO OFFI			
12. DILE	Signaturic Type:	OFFICERS.	AND DIRECTORS	(NOT	13. 1.1 TITLE		re required			D DIRECTO	RS IN 12
12. TITLE NAME	PD ALEXANI	OFFICERS A	AND DIRECTORS		1.1 TITLE 1.2 NAME						
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12. TITLE NAME STREET ADDI DITY-ST-ZIE	Sagratur Appel PO ALEXANI RESS 2873 WC LAKELAN V	OFFICERS , DER, MICHAEL A. DODCREST LANE	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS ST-ZIP				Change	Addition
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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

SIGNATURE

MATURE ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 941-665-9188

**FILED** 

Jan 27 1997 8:00am

Secretary of State

CORREGO

SOED (OIDE)