FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99189 (0)

1. Corporation Name
TOOLS & JEWELS, INC.
(CHANGES AT 4/15/95)

Principal Place of Business	Mailing Address
ORTIZ FLEA MKT. FT. MYERS FL 33931 US	P.O. BOX 2349 FT. MYERS BEACH FL 33932 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0328756 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

STRILER
~~STRILLER, JENNIFER L~~ LEER,
6 GALLEON WAY
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST STRILER	11 TITLE	☐ Change ☐ Addition
NAME	~~STRILLER, JENNIFER L~~ LEER	12 NAME	
STREET ADDRESS	# 6 GALLEON WAY	13 STREET ADDRESS	←
CITY ST ZIP	FT MYERS BCH. FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	~~CHELLY, JACQUELINE S.~~ LEONG, LINDA L	22 NAME	
STREET ADDRESS	~~412 PINEVIEW~~ 40 WINDING STAIRWAY	23 STREET ADDRESS	←
CITY ST ZIP	~~PARIS KY~~ O'FALLON, MO 63366	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SAUSTO, SHARON D.	32 NAME	
STREET ADDRESS	248 SAVOY	33 STREET ADDRESS	—
CITY ST ZIP	LAKE ST. LOUIS MO	34 CITY ST ZIP	
TITLE	OMGR	41 TITLE	☐ Change ☐ Addition
NAME	~~STRILLER, LEE~~ STRILER	42 NAME	
STREET ADDRESS	6 GALLEON WAY	43 STREET ADDRESS	←
CITY ST ZIP	FT MYERS FL	44 CITY ST ZIP	
TITLE	STRILER, BRUCE A. D	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	834 REINKE RD	53 STREET ADDRESS	←
CITY ST ZIP	BALLWIN, MO 63021	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	↗
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lee R. Striler 4/24/95 813-463-0687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEE R. STRILER PST

0334507 CP