

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S99189** (0)

1. Corporation Name

TOOLS & JEWELS, INC.



Principal Place of Business

Mailing Address

**ORTIZ FLEA MKT.
FT. MYERS FL 33931
US**

**P.O. BOX 2349
FT. MYERS BEACH FL 33932
US**

3. Date Incorporated or Qualified 12/09/1991	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0328756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STRILER, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PST
NAME	STRILER, LEER	12 NAME	LEONG, LINDA L.
STREET ADDRESS	# 6 GALLEON WAY	13 STREET ADDRESS	40 WINDING STAIRWAY
CITY-ST-ZIP	FT MYERS BCH, FL	14 CITY-ST-ZIP	O'FALLON, MO.
TITLE	D	21 TITLE	
NAME	LEONG, LINDA L.	22 NAME	
STREET ADDRESS	40 WINDING STAIRWAY	23 STREET ADDRESS	
CITY-ST-ZIP	O'FALLON MO	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
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	
NAME	STRILER, LEE	42 NAME	
STREET ADDRESS	6 GALLEON WAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	D
NAME		52 NAME	STRILER, BRUCE
STREET ADDRESS		53 STREET ADDRESS	834 REINKE RD
CITY-ST-ZIP		54 CITY-ST-ZIP	BALLWIN, MO.
TITLE		61 TITLE	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Striler
BRUCE STRILER

7/29/96

DATE

941-463-9718

OFFICE PHONE

CR2E034 (3/96)