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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90063 046 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S99189

1. Corporation Name  
TOOLS & JEWELS, INC.

(CK 2042  
150.00 4/29/99)



Principal Place of Business

ORTIZ FLEA MKT.  
FT. MYERS FL 33931  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1991

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STRILER, LEE R.  
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

TITLE ☐ DELETE

NAME PST  
STREET ADDRESS MOLITOR, KATHLEEN  
CITY-ST-ZIP 9833 CYPRESS DR N  
FT-MYERS FL 33912

TITLE ☐ DELETE

NAME D  
STREET ADDRESS LEONG, LINDA L  
CITY-ST-ZIP 40 WINDING STAIRWAY  
O'FALLON MO

TITLE ☐ DELETE

NAME D  
STREET ADDRESS SAUSTO, SHARON D.  
CITY-ST-ZIP 248 SAVOY  
LAKE ST. LOUIS MO

TITLE ☐ DELETE

NAME DOMG  
STREET ADDRESS STRILER, LEE  
CITY-ST-ZIP 6 GALLEON WAY  
FT MYERS FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS STRILER, BRUCE  
CITY-ST-ZIP 834 REINKE RD  
BALLWIN MO

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STRILER, LEE R. 4/29/99

Date

Daytime Phone #

463-9718

CR2E034 (11/98)