

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:35

DOCUMENT # V48724

(1)

1. Corporation Name

CLINGMAN'S TOOL SUPPLY, INC.

Principal Place of Business

**1100 PARK CENTRAL BLVD., SOUTH
SUITE #1700
POMPANO BEACH FL 33064**

Mailing Address

**1100 PARK CENTRAL BLVD., SOUTH
SUITE #1700
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0347370

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 has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SCOTT CLINGMAN
1055 WEST CAMEO CIRCLE
WEST PALM BEACH FL 33417**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CLINGMAN, SCOTT
STREET ADDRESS 1055 W. CAMEO CIR.
CITY - ST - ZIP WEST PALM BEACH FL 33417

TITLE D
NAME CLINGMAN, DINA
STREET ADDRESS 1055 W CAMEO CIRCLE
CITY - ST - ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1. TITLE ☐ Change ☐ Addition

12 2. NAME

13 3. STREET ADDRESS

14 4. CITY - ST - ZIP

21 1. TITLE ☐ Change ☐ Addition

22 2. NAME

23 3. STREET ADDRESS

24 4. CITY - ST - ZIP

31 1. TITLE ☐ Change ☐ Addition

32 2. NAME

33 3. STREET ADDRESS

34 4. CITY - ST - ZIP

41 1. TITLE ☐ Change ☐ Addition

42 2. NAME

43 3. STREET ADDRESS

44 4. CITY - ST - ZIP

51 1. TITLE ☐ Change ☐ Addition

52 2. NAME

53 3. STREET ADDRESS

54 4. CITY - ST - ZIP

61 1. TITLE ☐ Change ☐ Addition

62 2. NAME

63 3. STREET ADDRESS

64 4. 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 607, 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

SCOTT H. Clingman 4-8-95

407-686-1161