

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



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

19968-8-96 B-7686 C

DOCUMENT # V56785 (1)

1. Corporation Name

JOB TOOL COMPANY, INC.



Principal Place of Business

Mailing Address

1 EMERALD DR  
KEY WEST FL 33040

ADDRESS  
CHANGE!

1 EMERALD DR  
KEY WEST FL 33040

3. Date Incorporated or Qualified

08/11/1992

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 5176 U.S. 1 Stk. Isl

26 5176 U.S. 1 Stk. Isl

4. FEI Number

65-0355670

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23 Key West FL.

28 Key West FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33040

25 U.S.A.

29 33040

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LANG, ERIC B.  
1 EMERALD DR  
KEY WEST FL 33040

81 Name

LANG, ERIC B.

82 Street Address (P.O. Box Number is Not Acceptable)

5176 U.S. 1 Stk Isl.

83

84

Key West

FL

85 Zip Code

33040

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 of officer or principal of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME LANG, ERIC B.  
STREET ADDRESS 1 EMERALD DR  
CITY-ST-ZIP KEY WEST FL

☒ DELETE

ADDRESS  
CHANGE!

TITLE T  
NAME LANG, ERIC B.  
STREET ADDRESS 1 EMERALD DR  
CITY-ST-ZIP KEY WEST FL

☒ DELETE

TITLE VP  
NAME CHARLES A MUNROE  
STREET ADDRESS 827 ESENHOWER DRIVE  
CITY-ST-ZIP KEY WEST FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS  
1.2 NAME LANG, ERIC B.  
1.3 STREET ADDRESS 5176 U.S. 1 Stk. Isl  
1.4 CITY-ST-ZIP KEY WEST FL 33040

☒ Change

☐ Addition

2.1 TITLE T  
2.2 NAME ERIC B. LANG  
2.3 STREET ADDRESS 5176 U.S. 1 Stk Isl.  
2.4 CITY-ST-ZIP KEY WEST FL 33040

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

Eric B. Lang

8/5/96

(305)  
296-1102