

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90062 035 ***150.00

DOCUMENT # P95000069907

1. Corporation Name

A-1 LOCK & TOOL, INC.



Principal Place of Business

Mailing Address

11460 S W 199TH ST
MIAMI FL 33157
US-

P.O. BOX 1668
MIAMI FL 33197-1668
US-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0608223

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 9270 SE 144 PLACE

Suite, Apt. #, etc.

22

City & State

23 SUMMERFIELD, FL.

Zip

Country

24 34491

25

USA

2a. Mailing Address

26 P.O. Box 1435

Suite, Apt. #, etc.

27

City & State

28 LADY LAKE, FL.

Zip

Country

29 32158

30

USA

9. Name and Address of Current Registered Agent

VILAR, DEBORAH W
11460 S W 199TH ST
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

VILAR, JOSEPH

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

9270 SE 144 PLACE

83

84 City

SUMMERFIELD, FL

85 Zip Code

34491

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

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

JOSEPH VILAR, PRES.

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VILAR, JOSEPH
STREET ADDRESS P.O. BOX 1668 N/A
CITY-ST-ZIP MIAMI FL

TITLE VST ☐ DELETE

NAME VILAR, DEBORAH
STREET ADDRESS P.O. BOX 1668
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS P.O. BOX 1435
1.4 CITY-ST-ZIP LADY LAKE, FL. 32158

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS P.O. BOX 1435
2.4 CITY-ST-ZIP LADY LAKE, FL. 32158

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Deborah Vilar* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 352-255-4182
Date Daytime Phone #

CR2E034 (11/98)

003036