

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

DOCUMENT # P98000036147

1. Corporation Name
SJS MACHINERY, INC.

Principal Place of Business
**4911 WILLOWBROOK CIR
WINTER HAVEN FL 33884**

Mailing Address
**4911 WILLOWBROOK CIR
WINTER HAVEN FL 33884**

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90063 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

59-1684117

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 1885 W. Executive Rd.

2a. Mailing Address

26 6039 Cypress Gardens Blvd.

Suite, Apt. #, etc.

22

27 #311

City & State

23 Winter Haven, FL

City & State

28 Winter Haven, FL

Zip

24 33884

Country

25 U.S.A.

Zip

29 33884

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**SIGNOR, STEVEN LOWELL
4911 WILLOWBROOK CIR
WINTER HAVEN FL 33884**

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

Steven Signor

(NOTE: Registered Agent signature required when reinstating)

Steven Signor

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SIGNOR, STEVEN LOWELL**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ DELETE
NAME **D SIGNOR, BETTY ANN**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ DELETE
NAME **D SIGNOR, LOWELL A**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ DELETE
NAME **D SANDERS, BOBBY DALE**
STREET ADDRESS **4911 WILLOWBROOK CIR**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Signor

Date

4/19/99

Daytime Phone #

(941) 324-6243

CR2E034 (1/98)