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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

286467

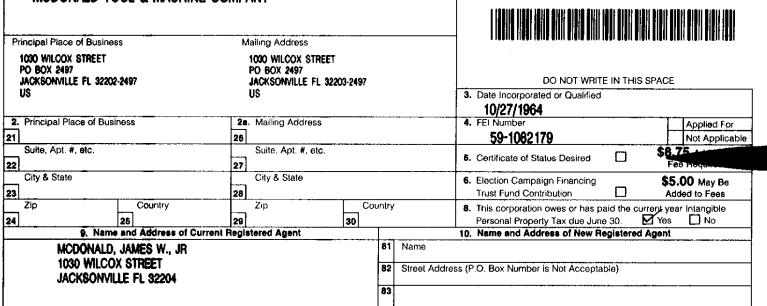
(6)

MCDONALD TOOL & MACHINE COMPANY

FILED Jan 22 1998 8:00am Secretary of State

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.

84

SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NO	E: Registered Agent signature regu	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change	X Addition
NAME	MCDONALD, JAMES W., JR		1.2 NAME		
STREET ADDRESS	6273 BROOKS CIRCLE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville fl		1.4 CITY-ST-ZIP		32211
TITLE	VSD	☐ DELETE	2.1 TITLE	Change	X Additio
NAME	MCDONALD, MAYRE B		2.2 NAME		
STREET ADDRESS	6273 BROOKS CIRCLE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-2IP		32211
TITLE		DELETE	3.1 TITLE	☐ Change	☐ Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELET e	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT. 7ID			CAPITY CT 7/D		

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.

11.6. (004) 351-51-7