Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90140 014 ***150.00

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 # 387255 1. Corporation Name

ELECTRO MECHANICAL PRODUCTS, INC.

			·							
Principal Place	Mailing Address									
41 KINDRED AVENUE 41 KINDRED AVENUE										
STUART FL 34994 STUART FL 34994						DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualifed				
					ļ	08/23/1971				
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		App	lied For	
21		26	•			59-1362892		Not	Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.	٠.	. ÷ .			\$8.	75 Ac	ditional	
22		27			5.	Certificate of Status Desired	Fe	ee Req	uired _	
City & State		City & State			6.	Election Campaign Financing	\$5	.00 h	/lay Be	
23		28				Trust Fund Contribution	Ad	ided to	Fees	
Zip	Country	Zip	Country		8.	This corporation owes the current year Int	angible		_/	
24	25 29 30					Personal Property Tax.	☐ Yes	<u> </u>	₽ No	
	9. Name and Address of Curre	ent Registered Agent			10.	Name and Address of New Registered	Agent			
			81	Name						
CYR,JOHN F.			82	Street Add	Address (P.O. Box Number is Not Acceptable)					
41 KINDRED AVENUE			1	Oli Obt / to	.,					
STU	ART FL 34994		83							
			84	City			85	Zip Co	ode	
ļ			1	1		<u>FL</u>	- `	·	_	
office or r	egistered agent, or both, in the Stati	502 and 607.1508, Florida Statutes, e of Florida. Such change was auth- gations of, Section 607.0505, Florida	onzed by	the corporat	poratio tion's b	n submits this statement for the purpose of oard of directors. I hereby accept the appoi	changir intment	ng its r as regi	egistered istered	
SIGNATURE		(NOTE: Do	aistored Ace	nt signature requi	red when	reinstation) DATE				
12.	Organization special principal and a second p			it agriculo roqui		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	ECTOF	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	T			Cha	ange	Addition	
NAME	CYR,JOHN F	1.2 h								
			1.3 STREET ADDRESS							
	OTHER EL		1.4 CITY-ST-ZIP			•				
CITY-ST-ZIP	STOART FE			2.1 TITLE			Cha	ange	☐ Addition	
NAME	_ =====================================		2.2 NAME	-···						
1			2.3 STREET ADDRESS			<u></u> .				
_ STREET ADDRESS	* - · · ·		2.4 CITY-	1.	•	··	•		=	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	311217			Cha	ange	Addition	
i uite			3.111100	1				•		

6.4 CITY-ST-ZIP 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 upplemental 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 or the repelyer trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporations 12 or Block 13 if changed. ith an address, with all other like empowered.

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4,4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP

Addition

☐ Addition

☐ Addition

☐ Change

Change

Change