FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE, Secretary of State, DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4: 15

DOCUMENT # 464868 (9)

1. Corporation Name
TENCHI MACHINERY CORPORATION

Principal Place of Business	Mailing Address
328 N RIDGEWOOD AVENUE PO BOX 590 EDGEWATER FL 32132	328 N RIDGEWOOD AVENUE PO BOX 590 EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1974
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-1562658 — ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAFFETTO JR, JOSEPH L
1501 S. RIVERSIDE DR
EDGEWATER FL 32132

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HODGIN, BYRON D
STREET ADDRESS	176 GODFREY RD.
CITY-ST-ZIP	EDGEWATER FL
TITLE	SD
NAME	RAFFETTO, JUANITA L.
STREET ADDRESS	1501 S RIVERSIDE DR
CITY-ST-ZIP	EDGEWATER FL
TITLE	PD
NAME	RAFFETTO, JOSEPH L JR
STREET ADDRESS	1501 S. RIVESIDE DR.
CITY-ST-ZIP	EDGEWATER, FL 00000
TITLE	VAS
NAME	COCKCROFT, BEN H.
STREET ADDRESS	1314 N. ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ben H. Cockcroft VP BEN H. Cockcroft 2/17/95 904 428-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403500 FP