

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90214 031 ***150.00
04-27-1999 90214 032 *****8.75

DOCUMENT # 464868

1. Corporation Name

TENCHI MACHINERY CORPORATION

Principal Place of Business

328 N RIDGEWOOD AVENUE
PO BOX 590
EDGEWATER FL 32132

Mailing Address

328 N RIDGEWOOD AVENUE
PO BOX 590
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1974

4. FEI Number

59-1562658

Applied For

No 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

RAFFETTO, JUANITA 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

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

(NO E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME HODGIN, BYRON D
STREET ADDRESS 176 GODFREY RD.
CITY-ST-ZIP EDGEWATER FL

TITLE PD ☐ DELETE
NAME RAFFETTO, JUANITA L.
STREET ADDRESS 1501 S RIVERSIDE DR
CITY-ST-ZIP EDGEWATER FL

TITLE VTS ☐ DELETE
NAME COCKCROFT, BEN H.
STREET ADDRESS 1314 N. ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BCH. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1601 S. Riverside Drive
1.4 CITY-ST-ZIP Edgewater, FL 32132

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S/T ☐ Change ☒ Addition
4.2 NAME Deborah D. Hodgin
4.3 STREET ADDRESS 1601 S. Riverside Drive
4.4 CITY-ST-ZIP Edgewater, FL 32132

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:

Ben H. Cockcroft VP Finance
BEN H. COCKCROFT VP FINANCE

4/8/99

Date

(904) 428-3333

Daytime Phone #

CR2E034 (11/98)

0029736