2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 07, 2003 8:00 am Secretary of State 467124 **DOCUMENT#** 03-24-2003 90173 017 ***158.75 1. Entity Name MID-STATE MACHINE AND FABRICATING CORPORATION Principal Place of Business 2730 MINE & MILL ROAD Mailing Address 2730 MINE & MILL ROAD LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-1639133 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERSEY, HALLE Street Address (P.O. Box Number is Not Acceptable) 3503 KING ROAD WINTER HAVEN FL 33880 City Zip Code 8. The above t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. entity subtateme familiar with, and accept the obliga histered a (Oen SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. CR2E034 (10/02) ☐ Addition TITLE ☐ Delete TITLE ☐ Change KERSEY, HAROLD E NAME 2730 MINE & MILL ROAD STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOWDICAN, DOREEN NAME NAME 2730 MINE & MILL RD. STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RAHN, RICHARD NAME NAME 2730 MINE & MILL RD STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE KERSEY. LAURA S NAME NAME 2730 MINE & ,O;; RD STREET ADORESS STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, Forida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY - 91 - ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Change

☐ Addition