

3.21.97  
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 Mar 24 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 473523 (9)  
 1. Corporation Name  
 J.J. SEIFERT MACHINE CO., INC.



Principal Place of Business: HWY 41 VIDOR AVE. P.O. BOX 7055 SUN CITY FL 33586

Mailing Address: HWY 41 VIDOR AVE. P.O. BOX 7055 SUN CITY FL 33586-7055

3. Date Incorporated or Qualified: 04/03/1975  
 3a. Date of Last Report: 04/12/1996

4. FEI Number: 59-1613408  
 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. State, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

2a. Mailing Address  
 26. State, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country

9. Name and Address of Current Registered Agent  
 DUNCAN, R. ANDREW  
 315 HYDE PARK AVENUE  
 TAMPA FL 33606

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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: \_\_\_\_\_  
 (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEIFERT, J.J. 202 N.W. 13TH ST. RUSKIN FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIFERT, J.J.	1.2 NAME	
STREET ADDRESS	202 N.W. 13TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	1.4 CITY - ST - ZIP	
TITLE	STD SEIFERT, MARIAN J. 202 N.W. 13TH ST. RUSKIN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIFERT, MARIAN J.	2.2 NAME	
STREET ADDRESS	202 N.W. 13TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Marian Seifert* MARIAN SEIFERT 3/17/97 813-645-3123  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)