

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **489249** (3)

1. Corporation Name

S & H MACHINERY CORPORATION

Principal Place of Business

Mailing Address

**519 EAST 7TH ST
P.O. BOX 41569
JACKSONVILLE FL 32203**

**519 EAST 7TH ST
P.O. BOX 41569
JACKSONVILLE FL 32203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1975

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1633932

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLOCKER, THEODORE W
1120 ATLANTIC BANK BUILDING
JACKSONVILLE FL**

81 Name

T. WILLIAM GLOCKER

82 Street Address (P.O. Box Number is Not Acceptable)

3000 INDEPENDENT SQUARE

83

84 City

JACKSONVILLE,

FL

85 Zip **32201**

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. Signature of present registered agent and third parties.

Signature. Registered agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SCHUR, FREDERICK J JR
STREET ADDRESS	9003 KINGS COLONY ROAD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	SCHUR, FREDERICK J. JR.	
13 STREET ADDRESS	1137 PONTE VEDRA BLVD.	
14 CITY, ST, ZIP	PONTE VEDRA BCH, FL 32082	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information reflected 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 registered agent, and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment hereto, as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK J. SCHUR, JR.

APRIL 19, 1995 (904)353-8075