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Mar 04 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 # 545638 (9)
1. Corporation Name
SOUTHERN MACHINERY CORPORATION, INTERNATIONAL



Principal Place of Business
2855 BROOKS STREET
PO DRAWER 776
EATON PK FL 33840

Mailing Address
2855 BROOKS STREET
PO DRAWER 776
EATON PK FL 33840-0776

3. Date Incorporated or Qualified
09/19/1977

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1758199

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

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

9. Name and Address of Current Registered Agent
OGLESBY, HUGH J.
2931 ELIZABETH PLACE
LAKELAND FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY, H R	1.2 NAME	
STREET ADDRESS	2931 ELIZABETH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY, HUGH J	2.2 NAME	
STREET ADDRESS	2931 ELIZABETH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY, SCOTT	3.2 NAME	
STREET ADDRESS	1810 HIBISCUS STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, DENNIS B	4.2 NAME	
STREET ADDRESS	2514 SOUTHERN OAKS PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL 33566	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, MICHAEL R	5.2 NAME	
STREET ADDRESS	4216 HOMEWOOD LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33811	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL W	6.2 NAME	
STREET ADDRESS	207 WOODHALL DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL 33840	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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)