

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **549281** (4)

1. Corporation Name

REVMASER MACHINE AND PARTS, INC.

Principal Place of Business

**5358 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

Mailing Address

**5358 OLD WINTER GARDEN RD.
ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1977	
21		26		4. FEI Number 59-1773913	Applied For ☒ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
23	Zip	28	Country		
24		29			

9. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT W.
5358 OLD WINTER GARDEN RD.
ORLANDO FL 32811**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	WILLIAMS, ROBERT W.	1.2 NAME	Loren R. Williams
STREET ADDRESS	5358 OLD WINTER GRD. RD.	1.3 STREET ADDRESS	5358 Old Winter Garden Rd
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32811
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	GRICE, MILDRED R.	2.2 NAME	Williams, Loren R.
STREET ADDRESS	5358 OLD WINTER GRD. RD.	2.3 STREET ADDRESS	5358 Old Winter Garden Rd
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32811
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LAVINA M.	3.2 NAME	
STREET ADDRESS	5358 OLD WINTER GRD. RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

1-19-98

407-245-2691

CR2E034 (10/97)