FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712162 (7)

1. Corporation Name
MACHINISTS #57 BUILDING CORPORATION

Principal Place of Business
125 U.S. HWY. 27
SOUTH BAY FL 33493

Mailing Address
125 U.S. HWY. 27
SOUTH BAY FL 33493

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1967
3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7104889 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KLUEGEL ROBERT J
895 SE 36TH TERRACE
OKEECHOBEE FL 34974

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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	HANKINS, CARL	1.2 NAME	
STREET ADDRESS	1208 VIRGINIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 33440	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KLUEGEL, ROBERT J	2.2 NAME	
STREET ADDRESS	895 SE 36TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MUSGRAVE, EDWARD E.	3.2 NAME	
STREET ADDRESS	327 E. PASANDENA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 33440	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☒ Change ☐ Addition STD
NAME	WATSON, GERALD J	4.2 NAME	SHEEHY, KATHY L
STREET ADDRESS	513 REDISH CIRCLE	4.3 STREET ADDRESS	345 PINE LANE-CLEWISTON,FL.33440
CITY-ST-ZIP	CLEWISTON FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] ROBERT KLUEGEL 04-25-95 407-996-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #