

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

3. Date Incorporated or Qualified  
**01/25/1967**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-7104889**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLUEGEL ROBERT J  
895 SE 36TH TERRACE  
OKEECHOBEE FL 34974**

81

Name **Carl Hankins**

82

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

**1206 Virginia Avenue**

83

**Clewiston, Florida 33440**

84

City **Clewiston**

**FL**

85

**33440**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**Carl Hankins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**3-12-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE  
NAME **HANKINS, CARL**  
STREET ADDRESS **1206 VIRGINIA AVENUE**  
CITY-ST-ZIP **CLEWISTON, FL 33440**

1.1 TITLE **Terry Turbeville** ☒ Change ☐ Addition  
1.2 NAME **2198 N.E. 54th Trail**  
1.3 STREET ADDRESS **Okeechobee, Florida 39742**  
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE  
NAME **KLUEGEL, ROBERT J**  
STREET ADDRESS **895 SE 36TH TERR**  
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **Carl Hankins**  
2.3 STREET ADDRESS **1206 Virginia Avenue**  
2.4 CITY-ST-ZIP **Clewiston, Florida 33440**

TITLE **SD** ☐ DELETE  
NAME **MUSGRAVE, EDWARD E.**  
STREET ADDRESS **327 E. PASADENA**  
CITY-ST-ZIP **CLEWISTON, FL 33440**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **SHEEHY, KATHY L**  
STREET ADDRESS **345 PINE LANE**  
CITY-ST-ZIP **CLEWISTON FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Kathy S. Bridgman**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Kathy S. Bridgman** **Kathy S. Bridgman** **407-996-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **3-12-96** Daytime Phone #

CR2E037 (12/95)