

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90013 010 \*\*\*\*61.25

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DOCUMENT # 712162  
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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/25/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7104889	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLOYD, GORDON 125 US HWY. 27, NORTH SOUTH BAY FL 33493		81 Name Robert KLUEGEL 82 Street Address (P.O. Box Number is Not Acceptable) 125 U.S. Hwy 27 North 83 84 City South Bay FL 85 Zip Code 33493	

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 *Robert Kluegel* DATE 8-4-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	TUBERVILLE, TERRY	1.2 NAME	KURT Seidenstucker
STREET ADDRESS	2198 NE 54TH TRAIL	1.3 STREET ADDRESS	505 REDISH CR.
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	Clewiston, FL. 33440
TITLE	PD	2.1 TITLE	VD
NAME	HANKINS, CARL	2.2 NAME	ROBERT MILLER
STREET ADDRESS	1206 VIRGINIA AVE	2.3 STREET ADDRESS	710 W. AVINEDA Del Rio
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Clewiston, FL. 33440
TITLE	SD	3.1 TITLE	SD
NAME	MUSGRAVE, EDWARD E.	3.2 NAME	Jim Shields
STREET ADDRESS	327 E. PASANDENA	3.3 STREET ADDRESS	125 US. Hwy 27 North
CITY-ST-ZIP	CLEWISTON, FL 33440	3.4 CITY-ST-ZIP	So. Bay FL. 33493
TITLE	STD	4.1 TITLE	TSD
NAME	BRIDGMAN, KATHY S	4.2 NAME	GREG Thompson
STREET ADDRESS	345 PINE LANE	4.3 STREET ADDRESS	1801 MATTHEW Loop
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	Clewiston FL. 33440
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-99  
Date

561-996-7400  
Daytime Phone #

CR2E037 (11/98)