

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90175 026 ***150.00

DOCUMENT # 822710

1. Entity Name

SUMMIT MACHINE TOOL MANUFACTURING CORP.



Principal Place of Business

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY, OK 73101-0754 US

Mailing Address

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY, OK 73101-0754 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004

Chg-P

CR2E034 (10/03)

4. FEI Number

73-0689388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GOLSEN, JACK E.	
STREET ADDRESS	16 S. PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLSEN, STEVE	
STREET ADDRESS	16 S. PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	GOSS, DAVID R.	
STREET ADDRESS	16 S. PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARVER, JOHN	
STREET ADDRESS	16 S PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73107	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHELBY, TONY M	
STREET ADDRESS	16 S. PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SHEAR, DAVID M	
STREET ADDRESS	16 S. PENNSYLVANIA	
CITY-ST-ZIP	OKLAHOMA CITY, OK 73107	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE SMITH	
STREET ADDRESS	518 N. INDIANA	
CITY-ST-ZIP	OKLAHOMA CITY OK 73106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #