

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-10-1999 90189 006 ***150.00

0548437

DOCUMENT # F53826

1. Corporation Name

HY-TECH TURNING, INC.

Principal Place of Business

209 CHERRY HILL RD.
STE. B
MONROE GA 30656

Mailing Address

209 CHERRY HILL RD.
STE. B
MONROE GA 30656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1981

4. FEI Number

59-2197727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

STACEY, WILLIAM JR
837 SW 16TH ST
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

Stacey, William Jr.

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

8551 W. Sunrise Blvd., Ste 304

83 Plantation, FL 33322

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 William Stacey, Jr.

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

(NOTE: Registered Agent Signature required when resigning)

03/04/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME STACEY, WILLIAM E
STREET ADDRESS 209 CHERRY HILL RD.
CITY-ST-ZIP MONROE GA 30656

TITLE S
NAME STACEY, SANDRA E
STREET ADDRESS 209 CHERRY HILL RD.
CITY-ST-ZIP MONROE GA 30656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: SANDRA E. STACEY

Date

3-2-99

Daytime Phone #

770-207

7395

CR2E034 (11/98)