

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001113 (0)

1. Corporation Name

CONTINENTAL MACHINE COMPANY, INC.

Principal Place of Business

1602 ENGINEERS ROAD
BELLE CHASE LA 70037

Mailing Address

1602 ENGINEERS ROAD
BELLE CHASE LA 70037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

4. FEI Number

72-1192947

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DUANE P	
STREET ADDRESS	1602 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE LA 70037	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DUANE P	
STREET ADDRESS	1602 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE LA 70037	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	TRAINOR, LYNN H	
STREET ADDRESS	1602 ENGINEERS ROAD	
CITY-ST-ZIP	BELLE CHASSE FL 70037	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARDING, GARY	
STREET ADDRESS	1602 ENGINEERS RD	
CITY-ST-ZIP	BELLE CHASSE LA 70037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUANE P. SMITH	
1.3 STREET ADDRESS	1602 ENGINEERS RD	
1.4 CITY-ST-ZIP	Belle Chasse, LA 70037	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRAIG W. SMITH	
2.3 STREET ADDRESS	1602 ENGINEERS RD.	
2.4 CITY-ST-ZIP	Belle Chasse, LA 70037	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Lynn H Trainor, CFO

2/7/98 504-394-7330

CP2E034 (10/97)