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

DOCUMENT # F93000001113

CONTINENTAL MACHINE COMPANY, INC.

Principal Place of Business 1602 ENGINEERS ROAD BELLE CHASE LA 70037

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address
1602 ENGINEERS ROAD
BELLE CHASE LA 70037

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90187 050 ***150.00



	DO NOT WRIT	re in th	IS SPACE			
3.	Date Incorporated or Qualifed		**			
	02/23/1993					
	FEI Number			Applied For		
	72-1192947			Not Applicable		
	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 owes the curre Personal Property Tax.	ent year I	Intangible ☐ Yes	□No		
10.	Name and Address of New Registered Agent					

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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Country

9. Name and Address of Current Registered Agent

	ł	10. Name and Address of New Registered Agent	
	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
ļ	83		
	84	City FL 85	Zip Code
_	ш		- ita sasintoros

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.

Country

30

agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE	dinn hand	CFO		1-5-99					
42	Signature, type or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.			\	Change	Addition				
TITLE	ا S] DELETE	1.1 TITLE						
NAME	DUANE P SMITH		1.2 NAME						
STREET ADDRESS	1602 ENGINEERS ROAD		1.3 STREET ADDRESS						
CITY-ST-ZIP	BELLE CHASSE LA 70037		1.4 CITY-ST-ZIP						
TITLE	P	☐ DELETE	2.1 TITLE	Change	☐ Addition (
NAME	CRAIG W SMITH		2.2 NAME		(
STREET ADDRESS	1602 ENGINEERS ROAD -		2.3 STREET ADDRESS	• 2	Į				
CITY-ST-ZIP	BELLE CHASSE LA 70037		2. 4 CITY+ST-ZIP						
TITLE	CFO CFO	☐ DELETE	3.1 TTTLE	☐ Change	☐ Addition				
NAME	TRAINOR, LYNN H		3.2 NAME		}				
STREET ADDRESS	1602 ENGINEERS ROAD		3.3 STREET ADDRESS						
CTTY-ST-ZIP	BELLE CHASSE FL 70037		3.4. CITY-ST-ZIP						
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition				
NAME	HARDING, GARY		4. 2 NAME		ſ				
STREET ADDRESS	1602 ENGINEERS RD		4.3 STREET ADDRESS						
CITY-ST-ZIP	BELLE CHASSE LA 70037		4.4 CITY-ST-ZIP						
TITLE	,	DELETE	5.1 TTTLE	. □ Change	Addition				
NAME			5.2 NAME	•	į				
STREET ADDRESS			5.3 STREET ADDRESS		1				
CITY- \$T-ZIP	·		5.4 CITY-ST-ZIP						
TITLE	[☐ DELETE	6.1 TITLE	☐ Change	☐ Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS	•					
CITY ST 710			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

504-394-7330

Daytime Phone #

CR2E034 (11/98)