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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004272 (1)

BIRD MACHINE COMPANY, INC.

Mailing Address

## FILED May 07 1998 8:00am Secretary of State



129 98

Principal Place of Business 100 NEPONSET STREET 100 NEPONCET-OTREET-SOUTH WALPOLE MA 02071-1001 SOUTH WALPOLE MA 02071-1001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1993 28. Mailing Address 26. PO Box 2. Principal Place of Business Applied For 21 26 04-3112240 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 O2671 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 **PLANTATION FL 33324** 84 City B5 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the it approable (NOTI: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRI CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CPD DELETE TITLE 1.11006 Change DAVIS, TIM L NAME 1.2 NAME 100 NEPONSET STREET STREET ADDRESS 1.3 STREET ADDRESS **\$00TH WALPOLE MA 02071-1001** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITE F 2.1 TITLE **B**OHAN, PETER NAME 2.2 NAME 100 NEPONSET STREET STREET ADDRESS 2.3 STREET ADDRESS SOUTH WALPOLE MA 02071-1001 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE NAME FARISH, CHARLES B 3.2 NAME **100 NEPONSET STREET** STREET ADDRESS 3.3 STREET ADDRESS **\$OUTH WALPOLE MA 02071-1001** CITY-ST-ZIP 3.4. C(1Y - \$1 - ZIP DELETE Change TITLE 4.1 TITLE Addition MCGOWEN, TIM NAME 4. 2 NAME 160 NEPONSET STREET STREET ADDRESS 4.3 STREET ADDRESS **SOUTH WALPOLE MA** CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 1⊓1₹ 5000002521215 -05/13/98--01003--049 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 it hystele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment of the property of the corporation of the corporation of the receiver it has the property of the corporation of the receiver it has the property of the corporation of the co