

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 014 ***150.00

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DOCUMENT # F98000001497

1. Corporation Name

CARVER MACHINE WORKS, INC.



Principal Place of Business

129 CHRISTIAN CAMP RD.
WASHINGTON NC 27889

Mailing Address

129 CHRISTIAN CAMP RD.
WASHINGTON NC 27889

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

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

4. FEI Number

56-1250308

Applied For

Not Applicable

5. 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 current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SATURDAY, BILLY P
3107 SPRING GLEN RD., #207
JACKSONVILLE FL 32207

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MYERS, WILLIAM C
STREET ADDRESS 103 GOOSE CREEK RD.
CITY-ST-ZIP WASHINGTON NC 27889

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DAVID L. CARVER
1.3 STREET ADDRESS CATNIP POINT
1.4 CITY-ST-ZIP BATH, NC 27808

TITLE V ☐ DELETE

NAME MAY, S C
STREET ADDRESS 113 SOUTHRIDGE DR.
CITY-ST-ZIP GREENVILLE NC 27858

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME J.A. BRANCH
2.3 STREET ADDRESS P.O. BOX 1209, GREENVILLE, NC 27834
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME CLARK, JAMES W III
STREET ADDRESS 4500 TREETOPS CIRCLE
CITY-ST-ZIP WINTERVILLE NC 28590

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DC ☐ DELETE

NAME SEGRAVE, THOMAS
STREET ADDRESS 200 INDUSTRIAL BLVD.
CITY-ST-ZIP GREENVILLE NC 27835

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BLAIR, JAMES
STREET ADDRESS 1206 CHARLES BLVD.
CITY-ST-ZIP GREENVILLE NC 27835

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME OESTREICH, WAYNE
STREET ADDRESS WEST 3RD STREET EXT.
CITY-ST-ZIP WASHINGTON NC 27889

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: James W. Clark, III

1/25/99

252-975-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)