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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G26307

(0)

SOUTHERN MANUFACTURING TECHNOLOGIES, INC.



97 MAY 16 PH 3:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



5910 WEST JOHNS ROAD TAMPA FL 33634-1422			Mailing Address 5910 WEST JOHNS ROAD TAMPA FL 33634-4422							
	lace of Business	28	Mailing Address				4. FEI Number	-d		pplied For
21			26				<b>59-2263209</b> Not Applicable			
Suite, Apt. #, etc.			Suite. Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22			27				5. Commente of Status Desired		Fee F	lequired
City & State			City & State				Election Campaign Financing \$5.00 May Be			
23		28	L <u></u> _	·			Trust Fund Contribution			to Fees
Zip	Country		<b>Ζ</b> φ 1		Country	,	8. This corporation has liability for i	ntangible ta	ax under	s. 199.032,
24	25] 9. Name and Address of Curre	29	letered Ament	[30]					No	
		iii negi	stereu Agent		81	Name	10. Name and Address of New Re	JISTEFEO A	gent	
	ATMAN, ROY			:	"					ļ
5910 WEST JOHNS ROAD					82	Street Ad-	t Address (P.O. Box Number is Not Accordable) 4699——4			
TAMPA FL 33834-1422					3000			72079701036010		
				•	83					
					84	City		<u> </u>		Code
								<u>FL</u>		
11. Pursuant t	to the provisions of Sections 607.05 egistered arout, or both, in the Stat	02 and 0	607.1508, Florida S	Statutes, the	abovi	e-named co	rporation submits this statement for the p ation's board of directors. I heroby accep	urpose of c	hanging	its registered
agent. I a	m familiar with, and accept the obli	galions o	of, Section 607.050	5, Florida E	Statute	s.	and is board or directors. The edy accept	t me appoi	nuncii a	s registered
SIGNATURE				:						
	Signature, typed or printed name of registered a				<del></del>	ent signature req	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRE			3.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PT		L DELETE		1 TALE			L	Change	☐ Addit∙on
NAME	SWEATMAN, ROY			1.	2 NAME					
STREET ADDRESS	5910 W. JOHNS RD.			1:	3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL				4 CITY - S	T-ZIP			_	
TITLE	8		L DELFTE	1 3	1 TITLE			Ļ	Change	Addition
NAME	CLAUSON, DONALD N			2.3	2 NAME	1				
STREET ADDRESS	5910 W JOHNS RD			2.	3 STREE	ADDRESS				
CITY-ST-ZIP	TAMPA FL				4 CITY - 1	51 - ZIP			<u>.</u>	
TITLE	V		☐ DELETE	3.	1 TITLE			L	Change	∐ Addition
NAME	SCHULER, WILLIAM			3.3	2 NAME					
STREET ADDRESS	5910 W JOHNS RD			3.3	3 STREET	ADDRESS				
CITY-\$T-ZIP	TAMPA FL				4. CITY-S	ST-ZIP				
TITLE			DELETE	4	1 TITLE				Change	☐ Addition
NAME				4.	2 NAME					
\$TREET ADDRESS				4:	3 STREFT	ADDRESS				
CITY-ST-ZIP					4 CITY - S	T-ZIP				
TITLE			☐ DELETE	5.	1 11TLF				Change	Addition
NAME				5.3	2 NAME		$\wedge$			
STREET ADDRESS				5.3	3 STREET	ADDRESS	/ /	11110	ノ	
CITY-ST-ZIP					4 CITY - S	1-2(F	<i></i>	april 2/10	100	
TITLE			☐ DELETE	6.	1 1(1),E		7	21112	Change	Addition
NAME				6.2	2 NAME			ןשיון		
STREET ADDRESS				6.3	3 STREET	ADDRESS		1		
CITY-ST-ZIP	·			64	4 CITY - S	1-ZIP				
4 4 4 4										

14. I do 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 logal effect as if made under each, 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.