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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G66865** (8)

1. Corporation Name

C & L MACHINE SHOP, INC.



Principal Place of Business

Mailing Address

**C/O CROUGH & MINER
1001 N. FED. HWY. STE 206
HALLANDALE FL 33009**

**C/O CROUGH & MINER
1001 N. FED. HWY. STE 206
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

10/28/1983

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **3921 SW 47th Ave**

26

22 Suite, Apt. #, etc.

1003

27 Suite, Apt. #, etc.

27

23 City & State

Davie, FL

28 City & State

28

24 Zip

33314

25 Country

29 Zip

29

30 Country

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUCH, S LEE
1001 N. FED. HWY. STE 206
HALLANDALE FL 33009**

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 date if applicable

DATE Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
LAYNE, DOROTHY
1001 N FEDERAL HWY 206
HALLANDALE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD
LUNDGREN, RICHARD N
1001 N FEDERAL HWY 206
HALLANDALE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 1996

954-791-2433

Date

Debbie Proctor

CR2E034 (12/95)