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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1990	DIVISION				
DOCUI	MENT # G95	559 (2)				
	MACHINE SHOP, INC.			d (2001) (00)0 tolds aske burn burn burn	n 18 11 n iani n iasa nisar	
Principal Place	of Rusinee	Mailing Address				
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% ROBERT O. ICENOGLE 1501 33RD STREET, S.E. RUSKIN FL 33570			% Robert O. Icenogle 1501 33AD Street, S.E. Ruskin Fl 33570			
				3. Date Incorporated or Qualified 04/10/1984	3a. Date of La 03/28	
. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2412589		Applied For
Suite, Apt. 4	# elc	Suite, Apt. #, etc.		39 24 12369		Not Applicable
	. ,	27		5. Certificate of Status Desired	, ,	1.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	_ \$	5.00 May Be
7 ₍₂₎	Country	Zip	Country	B. This corporation has liability for		
	25	29	30		No	
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New R	legistered Agen	l
IOP 14 C	U.E. BARERT A		81 Name			
	ele, robert o. RD street, se		82 Street Add	lress (P.O. Box Number is Not Acceptab	ole)	
	FL 33570		83			
NUSNIN	FL 333/0		63			
					85	Zip Code
			84 City			2-p 0000
Pursuant to or registere	o the provisions of Sections 607, ed agent, or both, in the State of	.0502 and 607,1508, Florida Stat Florida. Such change was autho	- ",	ration submits this statement for the pur and of directors. I hereby accept the appr	I -1 !	i ·
GNATURE _			tutes, the above-named corporized by the corporation's boates.	ration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changing ointment as regist	i ·
GNATURE _	Signature, typed or printed name of registered		tutes, the above-named corporation's boates.	ad when reinstating)	PL pose of changing ointment as regist	its registered offic ered agent. I am
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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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGN	ΑT	UF	₹E
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PHYLOGENID POPED OR PRINTED WHE OF SIGNING OFFICER OR DIRECTO

APRIL 25,1996

Daytime Phone #