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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State

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4-15-97

352-583-3334

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H04569

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SOUTHERN MACHINERY & EQUIPMENT, INC.

Principal Place of Business	Mailing Address			I LOBILLI OLIY ODILI OTOVI BILIN DING IBI		*** *****	
20718 NORTH HWY 301	20718 NORTH HWY 301	20718 NORTH HWY 301 DADE CITY FL 33525 US					
DADE CITY FL 33525							
US	US			3. Date Incorporated or Qualified 3a. Date of Last Report			
				 Date Incorporated or Qualified 05/22/1984 		3/1 996	чероп
2. Principal Place of Business	2a. Mailing Address		***************************************	4. FEI Number		Ā	pplied For
21	26		59-2412556		N	ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22	27			G. Certificate of Status Desired		Fee R	equired
City & State	City & State			6. Election Campaign Financing			Мау Ве
23	28			Trust Fund Contribution	<u> _</u>		to Fees
Zip Country	Zip	Country		8. This corporation has liability to			s. 199.032,
24 33523 25	29 33523	30		Florida Statutes 10. Name and Address of New F	X Yes		
9. Name and Address of Cur	rrent Hegistereo Agent	81	Name	10. Name and Address of New P	registereo /	Agent	
WALLER, CHARLES D		ا"ا	Hallic				
37927 EAST LIVE OAK		82	Street Add	lress (P.O. Box Number is Not Accepta	able)		
DADE CITY FL 33525		83				······	
		63					
		84	City		 1	85 Z ₁ p	Code
	0000				FL		<u>3523</u>
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the office. 	0502 and 607.1508, Florida Stat tate of Florida. Such change wat	utes, the above s authorized by	i-nameo corj the corpora	poration submits this statement for the ition's board of directors. I hereby acc	ept the app	changing ointment a:	ns registered s registered
agent. I am familiar with, and accept the ob	oligations of, Section 607.0505, I	Florida Statutes	,				
- ·							
SIGNATURE	All	OVE DOLLAR DE			DATE		
SIGNATURE Stgrature, typed or poined name of registered			n t sign ature requ	iked when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
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SIGNATURE Signature, typed or printed name of registeroc 12. OFFICERS TILE NAME STREET ADDRESS PASCO ROAD PASCO ROAD	AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET	address				
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