

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

FILED

Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H11372

(0)

1. Corporation Name
CNC MACHINES, INC.Principal Place of Business
19931 GULF BLVD
A2
INDIAN SHORES FL 34635
USMailing Address
19931 GULF BLVD
A2
INDIAN SHORES FL 33785-2497
US3. Date Incorporated or Qualified
06/28/19843a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 2390 N. CITRUS WAY

Suite, Apt. #, etc.

22 City & State
PALM HARBOR, FL

23 Zip 34683 Country USA

8. Name and Address of Current Registered Agent

BURNS, WILLIAM M.
19531 GULF BLVD. #504
INDIAN SHORES FL 34635

2a. Mailing Address

26 2390 N. CITRUS WAY

Suite, Apt. #, etc.

27 City & State
PALM HARBOR, FL

28 Zip 34683 Country USA

4. FEI Number

59-2437735

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2390 N. CITRUS WAY

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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

TITLE PD
NAME BURNS, WILLIAM M.
STREET ADDRESS 19931 GULF BLVD A2
CITY-ST-ZIP INDIAN SHORES FL☐ DELETETITLE VSD
NAME BURNS, WINIFRED E.
STREET ADDRESS 19931 GULF BLVD A2
CITY-ST-ZIP INDIAN SHORES FL☐ DELETETITLE D
NAME RAMSBURG, PAT
STREET ADDRESS 1675 STARKEY RD. #7-H
CITY-ST-ZIP LARGO FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2390 N. CITRUS WAY
PALM HARBOR, FL 34683

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

2390 N. CITRUS WAY
PALM HARBOR, FL 34683

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

3773 CENTRAL AVE SUITE B
ST PETERSBURG, FL 33713

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 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:

Winifred E. Burns VSD

1-31-97

813 787-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)