

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H28222

(8)

1. Corporation Name

ADVANCED MACHINE REPAIR, INC.

FILED
95 JAN 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3092 KENNESAW STREET
FORT MYERS FL 33916

Mailing Address

3092 KENNESAW STREET
FORT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1984

3a. Date of Last Report

03/14/1994

4. FEI Number

59-2460923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, WILLIAM M.
~~3089 KENNESAW STREET~~
3092 KENNESAW STREET
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

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

William M. Wright

(NOTE: Registered Agent signature required when re-registering)

DATE

1-24-95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, WILLIAM M.
STREET ADDRESS 14501 W. HAL COURT
CITY - ST - ZIP FT. MYERS FL

TITLE VD
NAME SKELTON, FLOYD L.
STREET ADDRESS 1817 WADE DR.
CITY - ST - ZIP CAPE CORAL FL

TITLE TVD
NAME GIANINO, FRANK
STREET ADDRESS 1321 SE VAN LOON-TERR
CITY - ST - ZIP CAPE CORAL FL

TITLE S
NAME SKELTON, NORMA J.
STREET ADDRESS 1817 WADE DR.
CITY - ST - ZIP CAPE CORAL FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify 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:

William M. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-95

819-332-1711

Date

Telephone