

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

AMENDED
NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H28222

1. Corporation Name
Advanced Machine Repair, Inc.

Principal Place of Business

Mailing Address

**3092 Kennesaw Street
Ft. Myers, FL 33916**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**William M. Wright
3092 Kennesaw Street
Ft. Myers, FL 33916**

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*
Signature, typed or printed name of registered agent and Florida applicable

William M. Wright, President
(NOTE: Registered Agent signature required when reinstating)

3-4-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME **William M. Wright**
STREET ADDRESS **14501 Hale Ct.**
CITY-STATE-ZIP **Ft. Myers, FL**

TITLE **VD** ☒ DELETE

NAME **Floyd L. Skelton**
STREET ADDRESS **1817 Wade Drive**
CITY-STATE-ZIP **Cape Coral, FL**

TITLE **TVD** ☒ DELETE

NAME **Frank Gianino**
STREET ADDRESS **1321 SE Van Loon-Terr**
CITY-STATE-ZIP **Cape Coral, FL**

TITLE **S** ☒ DELETE

NAME **Norma J. Skelton**
STREET ADDRESS **1817 Wade Drive**
CITY-STATE-ZIP **Cape Coral, FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

TD
NAME **Linda Wright**
STREET ADDRESS **14501 Hale Ct.**
CITY-STATE-ZIP **Ft. Myers, FL 33916**

21 TITLE ☒ Change ☐ Addition

PD
NAME **William M. Wright**
STREET ADDRESS **14501 Hale Ct.**
CITY-STATE-ZIP **Ft. Myers, FL 33916**

24 CITY-STATE-ZIP ☐ Change ☐ Addition

24 CITY-STATE-ZIP **200002832602-1**
31 TITLE **-04/07/99-01095-007**
32 NAME *****150.00 ***150.00**
33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *William M. Wright* **William M Wright** 3-4-99 (941)330-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)