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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H32625**

GREAT SOUTHERN MACHINERY, INC.

Principal	Place	of	Business

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90002 029 ***150.00



Principal Place	of Business	Walling Address						
1023 SOUTH 50TH ST. 1023 SOUTH 50TH ST. TAMPA FL 33619		1023 SOUTH 50TH ST. TAMPA FL 33619			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed 12/05/1984			
	(D)	2a. Mailing Address		 -	4. FEI Number	Appl	lied For	
2. Principal Filed of Boomes				59-2530974 Not Ap		Applicable		
21		Suite, Apt. #, etc.				\$8.75 Ad	lditional	
Suite, Apt. i	#, etc.	⊢			5. Certificate of Status Desired	Fee Req	uired	
22		City & State		. — —	6. Election Campaign Financing	\$5.00 N	lav Be	
City & State	9	<u>⊢</u> ¬ ′			Trust Fund Contribution	Added to		
23		Zin Country		8. This corporation owes the current year Intangible				
Zip	Country	— · — —			Personal Property Tax.			
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent	81	Name				
cco	AIEDDA DAVMOND K							
FERWERDA, RAYMOND K. 1023 SOUTH 50TH ST. TAMPA FL 33619		82 Street Add		dress (P.O. Box Number is Not Acceptable)				
		83	 	一				
		03						
			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Co	ode ******	
I .				<u> </u>	auti- auti- this statement for the purpose	of changing its r	egistered	
	egistered agent, or both, in the state im familiar with, and accept the obligation	tions of, Section 607.0505, Florid	ia Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered age			ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
12.	OFFICERS AN	D DIRECTORS	13.	———		☐ Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE				_	
NAME	FERWERDA, RAYMOND K.		1.2 NAME		`			
STREET ADDRESS	5001A PILGRIMS PATHWAY		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL _		1.4 CITY-			☐ Change	Addition	
TITLE	SD	☐ DELETE	2.1 TITLE	· ·		☐ Cliginge		
NAME	FERWERDA, MAUREEN R.		2.2 NAME				ļ	
STREET ADDRESS	STATE OF COURSE DATERNAY		2.3 STREE	ET ADDRESS				
1	TAMPA FL		2.4 CITY-	ST-ZIP				
CITY-ST-ZIP TITLE	VP	☐ DELETE	3.1 TITLE			Change	☐ Addition	
24	FERWERDA, RAYMOND K. J		3.2 NAME		•			
NAME	ACT ON TIO CIDOLE		3.3 STRE	ET ADDRESS	The second secon		BELT BY	
STREET ADDRESS	TAMPA FL		3.4. CITY-	-ST-ZIP			1211 2 3 1 M	
CITY-ST-ZIP	IAMPA FL	☐ DELETE	4,1 TITLE			∵ Change	Addition	
TITLE	ľ		4. 2 NAMI					
NAME .				ET ADDRESS				
STREET ADDRESS			4.4 CITY-	1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition	
TITLE			5.2 NAME		to the first of the second of			
NAME			•	ET ADDRESS	т. ₁₆			
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP	× 1	Clocker	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE	The second	☐ DELETE	1	ļ			_	
NAME			6.2 NAME					
STREET ADDRESS	s			ET ADDRESS				
			6.4 CITY	-ST-ZIP				

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 chapged or on an attachment with an address, with all other like empowered.

SIGNATURE:

IIREDRaymond K. Ferwerda

1-26-99

(813) 248-4971