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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H34806 (0)

1. Corporation Name
MACHINE SHOP, INC.

Principal Place of Business

P O BOX 55
ORLANDO FL 32802

Mailing Address

P O BOX 55
ORLANDO FL 32802-0055



3. Date Incorporated or Qualified 12/18/1984
3a. Date of Last Report 01/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2476697

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

MAGID, SUSAN STRATES
10600 S. ORANGE AVE
TAFT FL 32824

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

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	<input type="checkbox"/> DELETE
NAME	MAGID, SUSAN STRATES	
STREET ADDRESS	10600 S ORNGE AVE SR 527	
CITY - ST - ZIP	TAFT FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEARD, KENNETH O.	
STREET ADDRESS	10600 S ORNGE AVE SR 527	
CITY - ST - ZIP	TAFT FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRATES, JAMES E.	
STREET ADDRESS	10600 S ORNGE AVE SR 527	
CITY - ST - ZIP	TAFT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRATES, PHYLLIS R(AST S	
STREET ADDRESS	10600 S ORNGE AVE SR 527	
CITY - ST - ZIP	TAFT FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	STRATES, SIBYL S.	
STREET ADDRESS	10600 S ORNGE AVE SR 527	
CITY - ST - ZIP	TAFT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Strates, E. Jay	
13 STREET ADDRESS	10600 S. Orange Ave.	
14 CITY - ST - ZIP	Taft FL 32824	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	A S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Doremus, Sibyl Strates	
53 STREET ADDRESS	10600 S. Orange Ave.	
54 CITY - ST - ZIP	Taft, FL 32824	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

E. Jay Strates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Jay Strates, Secretary

1-17-97

Date

Daytime Phone

CR2E034 (9/96)