

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:22

DOCUMENT # **H69706****(0)**

1. Corporation Name

SMI TOOL & DIE, INC.

Principal Place of Business

**% ELLEN ELLERY
305 CLEARLAKE ROAD
COCOA FL 32922**

Mailing Address

**% ELLEN ELLERY
305 CLEARLAKE ROAD
COCOA FL 32922**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2600167

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

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Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

**ELLERY, ELLEN
305 CLEARLAKE ROAD
COCOA FL 32922**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of person or persons of registered agent and office of corporation

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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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

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SIGNATURE:

Ellen M. Ellery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ellen M. Ellery1-10-95
Date407-632-6200
Telephone Number