FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:59

DOCUMENT # J01505 (3)

1. Corporation Name

CHARLES E. SACKETT MACHINE SHOP, INC.

Principal Place of Business

5500 OLD WINTER GARDEN RD
ORLANDO FL 32811
US

Mailing Address

5500 OLD WINTER GARDEN RD
P.O. BOX 616580
ORLANDO FL 32861-6580
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1986
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2635266 ☐ 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

ROWLAND, WILLIAM M., JR.
1786 N MILLS AVE
ORLANDO FL 32803

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SACKETT, CHARLES E.
STREET ADDRESS	319 NICE AVE.
CITY ST ZIP	ORLANDO FL
TITLE	ST
NAME	SACKETT, CAROL G.
STREET ADDRESS	319 NICE AVE.
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	P	☑ Change ☐ Addition
1.2 NAME	SACKETT, CHARLES E.	
1.3 STREET ADDRESS	1481 Magellan Circle	
1.4 CITY ST ZIP	ORLANDO, FL. 32818	
2.1 TITLE	ST	☑ Change ☐ Addition
2.2 NAME	SACKETT, CAROL G.	
2.3 STREET ADDRESS	1481 MAGELLAN CIRCLE	
2.4 CITY ST ZIP	ORLANDO, FL. 32818	
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 119.07(3)(k), 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: Carol G. Sackett Carol G. Sackett ST 1/11/95 407-298-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410211 FP