

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

FILED

Jul 08 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 # J12450 (9)

1. Corporation Name  
SOUTHERN MACHINE & FABRICATION, INC.



Principal Place of Business

11000 BLASUIS RD  
239 CHAMBLISS ST., BLDG 6  
JACKSONVILLE FL 32226  
US

Mailing Address

C/O LINDA VAN CLIEF  
239 CHAMBLISS ST., BLDG 6  
JACKSONVILLE FL 32204-1819

2. Principal Place of Business

21 11000 Blasius Rd  
Suite, Apt. #, etc.

2a. Mailing Address

26 11000 Blasius Rd  
Suite, Apt. #, etc.

22 City & State

23 Jax Fl  
Zip

Country

24 32226

27 City & State

28 Jax Fl  
Zip

Country

29 32226 30 Duval

9. Name and Address of Current Registered Agent

VAN CLIEF, LINDA S.  
239 CHAMBLISS ST.  
BLDG. 6  
JACKSONVILLE FL 32204

11000 Blasius Rd  
Jax Fl 32226

3. Date Incorporated or Qualified

05/02/1986

3a. Date of Last Report

06/27/1996

4. FEI Number

59-2666681

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required  
☐ \$5.00 May Be  
Added to Fees

6. Election Campaign Financing  
Trust Fund Contribution

☐ Yes ☐ No

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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 ☐ DELETE

NAME P  
STREET ADDRESS VAN CLIEF, BRUCE W.  
CITY-ST-ZIP 11000 BLASUIS RD  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS VAN CLIEF, LINDA S.  
CITY-ST-ZIP 11000 BLASUIS RD  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: Linda S. Van Clief - Linda S. Van Clief

7/1/97

904-2144344

CR2E034 (9/96)