

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 BLASIU 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
---	--

3. Date Incorporated or Qualified 05/02/1986	3a. Date of Last Report 06/27/1996
4. FEI Number 59-2666681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 11000 Blasius Rd	26 11000 Blasius Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Jax Fl	City & State Jax Fl
23	28
Zip 32226	Zip 32226
Country Duval	Country Duval
24	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAN CLIEF, LINDA S. 239 CHAMBLISS ST. BLDG. 6 JACKSONVILLE FL 32204		11000 Blasius Rd Jax Fl 32226	
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	VAN CLIEF, BRUCE W.	
STREET ADDRESS	11000 BLASIU RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/>
NAME	VAN CLIEF, LINDA S.	
STREET ADDRESS	11000 BLASIU RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		<input type="checkbox"/>
1.3 STREET ADDRESS		<input type="checkbox"/>
1.4 CITY-ST-ZIP		<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>
2.4 CITY-ST-ZIP		<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>
3.4 CITY-ST-ZIP		<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>
4.4 CITY-ST-ZIP		<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>
5.4 CITY-ST-ZIP		<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>
6.4 CITY-ST-ZIP		<input type="checkbox"/>

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)