

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra E. Mathiam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J16659** (1)

1. Corporation Name
STRONG'S ENGINE MACHINE SHOP, INC.



Principal Place of Business
**C/O JACK DOUGLAS STRONG
 26330 OLD 41 ROAD
 BONITA SPRINGS FL 33923**

Mailing Address
**C/O JACK DOUGLAS STRONG
 26330 OLD 41 ROAD
 BONITA SPRINGS FL 33923**

| | | | | | | | | | |
|--------------------------------|----|---------|----|----|---------------------|----|---------|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip | | Country | | | Zip | | Country | | |

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/29/1986 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-2687438 | Applied For 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 | |

9. Name and Address of Current Registered Agent

**STRONG, JACK DOUGLAS
 26330 OLD 41 ROAD
 BONITA SPRINGS FL 33923**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Numbers Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0102 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 his appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0406, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature of Corporation Officer or Director _____
 Name of Corporation Officer or Director _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | DP | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRONG, JACK DOUGLAS | 2. NAME | |
| STREET ADDRESS | 725-107TH AVENUE NORTH | 3. STREET ADDRESS | |
| CITY-STATE-ZIP | NAPLES FL | 4. CITY-STATE-ZIP | |
| TITLE | VP | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRONG, TERRY | 6. NAME | |
| STREET ADDRESS | 730 107TH AVE NORTH | 7. STREET ADDRESS | |
| CITY-STATE-ZIP | NAPLES FL | 8. CITY-STATE-ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-STATE-ZIP | | 12. CITY-STATE-ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-STATE-ZIP | | 16. CITY-STATE-ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-STATE-ZIP | | 20. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), 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. 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 affidavit.

SIGNATURE: *Jack D. Strong* Jack Strong
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-27-96 ✓ 941-947-3110
 DATE DAY/MONTH/YEAR

CR2E034 (12/95)