## 4-23-97 B5232 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J16659

(1)

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			i idaliin diat irain diina arina arina idi	t iådtilig åldt litelb oklid dilat årind lokt öröft årdit aldri ölen ölent ö. 1922			
		C/O JACK DOUGLAS STRONG 26330 OLD 41 ROAD BONITA SPRINGS FL 34135-6658							
				3. Date Incorporated or Qualified 05/29/1986	3. Date Incorporated or Qualified				
2. Principa! Pi	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For	
21		26			59-2687438	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75			
22		27		b. Certificate of Status Desired		Fee Re	quired		
City & State		City & State		6. Election Campaign Financing \$5.00 Ma		May Be			
23		28		Trust Fund Contribution		Added t			
Zip	Country	Zip	Countr	У	8. This corporation has liability for			. 199.032,	
24	25	29 30				Yes		<u> </u>	
	9. Name and Address of Curren	I Registered Agent	8-	Name	10. Name and Address of New R	agistered A	.gent		
STRONG, JACK DOUGLAS				Name					
	0 OLD 41 ROAD		82 Street Add		Address (P.O. Box Number is Not Accepta	ble)			
BON	ITA SPRINGS FL 33923						<del></del>		
			8:	<b>'</b>					
			84	City	· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip (	Code	
44 Diversard	to the provinces of Sections 607.050	22 and 607 1508 Florida Statu	tes the above	/e-name/	corporation submits this statement for the		changing It	s registered	
office or r agent 1 a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fi	authorized t lorida Statute	y the co	d corporation submits this statement for the reporation's board of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE Registered A	gent signatur	re required when reinstating)	DATE	•		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TETLE	DP	☐ DELETE	1.1 TITLE		T DP		Change	Addition	
NAME	STRONG, JACK DOUGLAS		1.2 NAME		Strong, Jack Douglas				
STREET ADDRESS	725-107TH AVENUE NORTH		1.3 STREE	T ADDRESS	26850 Nicki J. Court				
CPM-ST-ZP	NAPLES FL		1.4 CiTy	ST-ZIP	Bonita Springs, FL 34	1135			
TITLE	VP	<b>₩</b> DELETE	2.1 TITLE		V/S		Change	Addition	
NAME	STRONG, TERRY		2 2 NAME		Strong, Elizabeth				
STREET ADDRESS	730 107TH AVE NORTH		2.3 STRE	T ADDRESS	26850 NickivJ. Court				
CITY - ST - ZIP	NAPLES FL		2 4 0114	- ST - ZIP		1405			
TITLE			3.1 TITLE		Bonita Springs, FL 3	100	Change	Addition	
NAME			3.2 NAMI	į					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
Cify - ST - 7IP			3.4. CITY	- ST-ZIP					
TILE		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	E					
STREEL ADDRESS			4.3 STRE	ET ADORESS					
C-TY - ST - ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE	<del></del>			Change	Addition	
NAME			5.2 NAM	<u>:</u>					
STREET ADDRESS				Et address	**:				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITLE		1		Change	Addition	
NAME:		<b></b> · · · ·	6.2 NAM		1.				
				Et address					
STREET ADDRESS			6.4 CITY						
CHTY - ST - ZIP	1		■ D.4 UITY	31 - LIF					

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.

(941)947-3110

Davine Phone

**FILED** 

Apr 23 1997 8:00am

Secretary of State