Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90037 028 \*\*\*300.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # .172037**

1. Corporation MARINE	FASTENERS MIDWEST, INC	,				
Principal Place	e of Business	Mailing Address		[	1831 81811 81817 81871 81	911 23211 1961
% CARL W. BRANTLEY JR 2920 STONEWALL PLACE SANFORD FL 32773-6400  SANFORD FL 32773-6400				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 05/11/1987		
2. Principal Pi	lace of Business MARITIME DR.	2a. Mailing Address 26 P.O. BOX	471318	4. FEI Number 62-1315608		lied For Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State	FORD FL	City & State  28 LAKE Mor	NROE F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	.,
Zip 24 32	771 25 USA	Zip 29 32 747 30	Country USA	This corporation owes the current year     Personal Property Tax.	☐ Yes I	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
2920	ntley, Carl W. Jr ) Stonewall Place Ford Fl 32773		83	Address (P.O. Box Number is Not Acceptable)	85 Zip C	
			84 City	]	FL 85 Zip C	oue
Office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was auti	iorizea by the corbo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its r	egistered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: Re	egistered Agent signature re	aguired when reinstating) DAT	E	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		☐ Change	Addition
NAME	BRANTLEY, CARL W. JR		1.2 NAME			
STREET ADDRÉSS	ARAN OTOLOGICAL DI AOF		1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 14. I 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 acquirate 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 by 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, with all other like empowered.

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

32 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

62 NAME

□ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF

Change

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition

Addition