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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J80342** **(5)**

1. Corporation Name
FORT WALTON MACHINING, INC.

Principal Place of Business
40 INDUSTRIAL ST.
~~P.O. BOX 1059~~
FT. WALTON BCH. FL 32549-8059
US

Mailing Address
40 INDUSTRIAL STREET
~~P.O. BOX 1059~~
FT. WALTON BCH. FL 32549-1059
US

3. Date Incorporated or Qualified: **06/30/1987**
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business
21 40 INDUSTRIAL ST
Suite, Apt. #, etc.
22

2a. Mailing Address
26 40 INDUSTRIAL ST
Suite, Apt. #, etc.
27

4. FEI Number: **59-2823872** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State
23 FORT WALTON BEACH, FL
Zip 24 32548
Country 25 OKALOOSA

City & State
28 FORT WALTON BEACH, FL
Zip 29 32548
Country 30 OKALOOSA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MACARTHY, DALE M.
1085 W. GIMBLE ST.
PENSACOLA FL 32501

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, type or print proposed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MACARTHY, DALE M	1.2 NAME	
STREET ADDRESS	RT. 3 BOX 289-D	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OSBAN, W.R.	2.2 NAME	
STREET ADDRESS	133 SHORELINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dale Macarthy 2/11/97 (904) 433-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)