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

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SIGNATURE:

PROFIT

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # J80342 (5)FORT WALTON MACHINING, INC. Principal Place of Business Mailing Address 40 INDUSTRIAL STREET 40 INDUSTRIAL ST. FT. WALTON BCH. FL 3254/8059 FT. WALTON BCH. FL 3254 8059 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2823872 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Žιρ Country 8. This corporation owes or has paid the current year Intangible 32548 Yes 24 32548 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MACARTHY, DALE M. TIMOTHY J. MCDONALD 1085 W. GIMBLE ST. 82 Street Address (P.O. Box Number is Not Acceptable)
40 INDUSTRIAL STREET PENSACOLA FL 32501 83 84 City FORT WALTON BEACH 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 Porida. 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 obligators of, Section 607.0505, Florida Statutes. TIMOTHY J. MCDONALD, PRESIDENT 03/17/98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) (10/97 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS 13. Change X DELETE TITLE 1.1 TITLE **PRESIDENT** Addition MACARTHY, DALE M NAME 1.2 NAME TIMOTHY J. MCDONALD **CR2E034** RT. 3 BOX 289-D STREET ADDRESS 1.3 STREET ADDRESS 40 INDUSTRIAL STREET **MILTON FL** 1.4 CITY-ST-ZIP FORT WALTON BEACH, FL CITY-ST-7IP X DELETE Addition Change TITLE 2.1 TITLE OSBAN, W.R. NAME 2.2 NAME 133 SHORELINE DR. STREET ADDRESS 2.3 STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 furstee emprevered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, once an attachment with an address.

注意包括TIMOTHY J. MCDONALD

FLORIDA DEPARTMENT OF STATE

FILED

850-244-9095