

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 2-9-96

0-74826

DOCUMENT # J89222 (0)

1. Corporation Name

UNIVERSAL MACHINERY ERECTORS, INC.



Principal Place of Business

4202 OLD MULBERRY RD (33567)  
P.O. BOX 1767  
PLANT CITY FL 33564-8767

Mailing Address

4202 OLD MULBERRY RD (33567)  
P.O. BOX 1767  
PLANT CITY FL 33564-8767

3. Date Incorporated or Qualified  
08/25/1987

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

21 5400 W KNIGHTS GRIFFIN RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. BOX 1767  
Suite, Apt. #, etc.

4. FEI Number  
59-2838930

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

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

22 City & State

23 PLANT CITY, FL

24 33565

27 City & State

28 PLANT CITY, FL

29 33564-1767

30 USA

9. Name and Address of Current Registered Agent

MERCER, JANA  
3106 CLAY TURNER RD.  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

JANA F. MERCER

82 Street Address (P.O. Box Number is Not Acceptable)

5400 W. KNIGHTS GRIFFIN ROAD

83

84 City

PLANT CITY

FL

85 Zip Code  
33565

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 by or for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPT ☐ DELETE

NAME MERCER, SHERMAN  
STREET ADDRESS 6671 STATE ROUTE 132  
CITY-ST-ZIP GOSHEN OH

TITLE S ☐ DELETE

NAME MERCER, JANA F.  
STREET ADDRESS 3106 CLAY TURNER RD.  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SECRETARY

MERCER, JANA F

5400 W. KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jana F. Mercer*

JANA F. MERCER/CORP. SECRETARY

02/05/96

(813)-754-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)