

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Murrain
Secretary of State
Capital Building, Tallahassee, Florida 32304

APPROVED
AND
FILED

MAY -1 AM 9:24

DOCUMENT # L29130

(6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ST. LUCIE MACHINE COMPANY

Principal Office (if different)
208 ROUSE RD
FT. PIERCE FL 34946
US

Mailing Address
208 ROUSE RD
FT. PIERCE FL 34946
US

Do not include this fee if paid

3. Date incorporated or applied 11/13/1989	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0157895	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. Has corporation paid annual franchise tax under Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

FOWLER, MICHAEL D.
1803 SOUTH 25TH STREET, SUITE 5
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 a resident of this state and accept the appointment as registered agent in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY
PT NAME BARSON, GEORGE 309 FERNANDINA STREET FT. PIERCE FL	1. NAME ☐ Change ☐ Addition
VP NAME BARSON, JILL 309 FERNANDINA ST FT PIERCE FL	2. NAME ☐ Change ☐ Addition
NAME	3. NAME ☐ Change ☐ Addition
NAME	4. NAME ☐ Change ☐ Addition
NAME	5. NAME ☐ Change ☐ Addition
NAME	6. NAME ☐ Change ☐ Addition
NAME	7. NAME ☐ Change ☐ Addition
NAME	8. NAME ☐ Change ☐ Addition
NAME	9. NAME ☐ Change ☐ Addition
NAME	10. NAME ☐ Change ☐ Addition
NAME	11. NAME ☐ Change ☐ Addition
NAME	12. NAME ☐ Change ☐ Addition
NAME	13. NAME ☐ Change ☐ Addition
NAME	14. NAME ☐ Change ☐ Addition
NAME	15. NAME ☐ Change ☐ Addition
NAME	16. NAME ☐ Change ☐ Addition
NAME	17. NAME ☐ Change ☐ Addition
NAME	18. NAME ☐ Change ☐ Addition
NAME	19. NAME ☐ Change ☐ Addition
NAME	20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information is correct and that I am a resident of this state and accept the appointment as registered agent in Florida Statutes. I hereby accept the appointment as registered agent in Florida Statutes. I am a resident of this state and accept the appointment as registered agent in Florida Statutes.

SIGNATURE: *George Barson*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
GEORGE BARSON

5/1/95

407 464-6400