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Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L52298** (1)

1. Corporation Name
C F MACHINE AND TOOL, INC.

Principal Place of Business	Mailing Address
% EARL B. HILDEBRAND 4131 LENOX AVE #5 JACKSONVILLE FL 32254 US	% EARL B. HILDEBRAND 4131 LENOX AVE #5 JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 520 Cynthia St. Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip 24 32254 Country 25 USA	2a. Mailing Address 26 PO Box 6396 Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip 29 32236-6396 Country 30 USA

3. Date Incorporated or Qualified
02/20/1990

4. FEI Number
59-3007696
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILDEBRAND, EARL B. 4131 LENOX AVE #5 JACKSONVILLE FL 32254	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 520 Cynthia Street 83 84 City Jacksonville FL 85 Zip Code 32254

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Address only	☑ Change ☐ Addition
NAME	HILDEBRAND, EARL B.		1.2 NAME		
STREET ADDRESS	4131 LENOX AVE #5		1.3 STREET ADDRESS	520 Cynthia Street	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32254	
TITLE	ST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HILDEBRAND, CINDY L.		2.2 NAME		
STREET ADDRESS	4131 LENOX AVE #5		2.3 STREET ADDRESS	520 Cynthia Street	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32254	
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		

CR2E034 (10/97)

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 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: [signature] 01/19/98 904/783-0593