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

DOCUMENT #
1. Corporation Name

P07344

(5)

SELEC	CT MACHINERY, INC.								
Principal Plane of Business 528 W. BRIARDALE AVE ORANGE CA 92665		Mailing Address 528 W. BRIARDALE AVE ORANGE CA 92665			-{		// 01011 		
US	. 02000	US				3. Date Incorporated or Qualified		of Last R	
2. Principal Pla	ce of Business	2a. Mailing Address			- 	09/09/1985 4. FEI Number		1/23/19	Applied For
Suite Apt. #	etc	Suite, Apt. #, etc.			+~-·			Not Applicable	
22	27					5. Certificate of Status Desired			Additional Required
City & State		City & Stato				6. Election Campaign Financing			O May Be
. 2 9	Country	28	Co	untry		Trust Fund Contribution 8. This corporation has liability for it			d to Fees
24	25	29	30			Florida Statutes Yes		cunder \$	199.032,
	9. Name and Address of Curren	t Registered Agent		81	None	10. Name and Address of New R	egistered /	igent	
HOLME	S JOE				1100715				
	FEDERAL HWY			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	71 1	
STE 100				83					
LIGHTH	OUSE PT FL 33064			84	City			85 Z	p Code
11. Purs lant to	the provisions of Sections 607,0502	and 607.1508. Florida Statut	es, the ab	Ove-r	named cornoral	tion submits this statement for the cur	FL.	ngina ita r	registered office
Or registere familiar with	d agent, or both, in the State of Florid n, and accept the obligations of, Secti	da. Such change was authoriz on 607,0505. Florida Statutes	ed by the	corp	oration's board	tion submits this statement for the pur of directors. Thereby accept the appo	pose of cha pintment as	registered	agent. Lam
SIGNATURE									
12.	ignal, re-typed or printed namic of registered agent OFFICERS AND				I signature required v		DATE		
THUE	P OFFICENS AND	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFI		DIRECTO Change	DRS IN 12
NAME	CALLIHAM, BILL D		1.2 N				i.] Change	L Addition
\$18EF1 ADDRESS	528 W. BRIARDALE AVE		1.3 5	TREET	ADDRESS				
CHY ST-ZP	ORANGE CA		1.4 0	ITY-S	F-ZIP				
TILLE	AUTHEG IVE	☐ DELETE	2 1 1] Change	Addition
NAME SIRE: LADDRESS	HOLMES, JOE 3170 N FEDERAL HWY , STI	F 100.4	2.2 N						1
CHY ST ZIP	LIGHTHOUSE POINT FL	E 190-W		IREET ITY S	ADDRESS				
THE	ST	DELETE	3 1 1		1.20) Change	☐ Addition
MAME	CALLIHAM, GLEE		3.2 N	AME			_	, ,	
STREET ADDRESS	528 W. BRIARDALE AVE.		335	STREET	ADDRESS				
COLY-ST ZIE	ORANGE CA	Dentit		17Y-\$1	I - ZIP				
NAME		☐ DEFELE	4, 1 1] Change	☐ Addition
STREET ADDRESS			42 N		ADDRESS				
GIN ST ZI				(TY - \$1	ſ				
10'(f		DELETE	5 1 3			- 17.		Change	Addition
NAME			5.2 N	AME					
STREET ASJURESS			1		ADDRESS				
Off STIZE		DELETE	54C	ITY-SI	I-ZIP			l Chanca	- Add@aa
NAM:			62N				L] Change	☐ Addition
STREET ADDRESS			•		ADDRESS				
CHY_SI-ZIF			64C	ITY - \$1	r - ZIP				
14. I do hereby	certify that the information supplied vi	ith this filing is voluntarily furn	shed and	does	not qualify for	the exemption stated in Section 119.0	7(3)(k), Flori	da Statute	as. I further

14. If 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 certify that the information in 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

Calculate

Calculate

Calculate

Date

Degree Proce