Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90170 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001098

 Corporation 	n Name					1			
B & J MACHINERY, INC.						i I nobligazo ise indien isali noisi ensili abtili abtili			8181 (BH) (38 1
Principal Place of Business Mailing Address							*****	HOLE BOLLE	1161 (911 1921
2655 PLYMOUT APOPKA FL 321	H-SORRENTO RD. 712	2655 PLYMOUTH-SORRENT APOPKA FL 32712				DO MOT WEITE IN	TUIC OD!	NOT	
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						- 11/02/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				59-3174074	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	е	City & State				6 Floation Compaign Financing \$5.00 May Re			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Соип	itry		8. This corporation owes the current ye	ar Intangi	ble	
24	25 29		30			Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent		— т		10. Name and Address of New Regist	ered Age	nt	
DAM	EV JAMES T			81	Name				
	IEY, JAMES T 5 PLYMOUTH-SORRENTO ROAD		ŀ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	PKA FL 32712		-	-		<u></u>			
AI O	1104 1 6 327 12			83					
				84	City		FL 8		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations of the obligations of the collisions of the provisions of the provisi	of Florida. Such change was a	uthonzed	nv 1	tne comoration	ration submits this statement for the purpor's board of directors. I hereby accept the	se of char appointme	nging its r ent as reg	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent	t signature required	when reinstating) DA	TE		<u> </u>
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICER	S AND D	RECTO	RS IN 12
TITLE	D DELETE		1.1 TiTI	LE ,				Change	☐ Addition
NAME	, a m. 2 , o m. 2 .		1.2 NAJ	1.2 NAME					
STREET ADDRESS	2655 PLYMOUTH-SORRENTO R	D.	1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP	APOPKA FL 32712		1.4 CIT	Y-ST	r-ZIP			1.01	T • 1400 · · ·
TITLE	D	☐ DELETE	2.1 TITI	LE			Ц	Change	Addition
NAME	TO WITE 1, DEEL TOWN O			22 NAME					
STREET ADDRESS	(D.	2.3 STF	2.3 STREET ADDRESS					ţ
CITY-ST-ZIP	APOPKA FL 32712		2. 4 CIT		T-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TIT				Ų	Silvingo	[_] / (00000)
NAME			3.2 NA		4000000				
STREET ADDRESS			3.3 STF		ADDRESS				
CITY-ST-ZIP TITLE		- DELETE	- '4.1 TIT	_	1-21-			Change -	Addition
NAME			4. 2 NA						ļ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA	ME		Estate Middle Co. S.	- 44 E 35.	1 m	1 4:
STREET ADDRESS			5.3 STF	REET	ADDRESS			An 1794 4	
CITY-ST-ZIP :	<u> </u>		5.4 CIT		r-ZiP	A CONTRACT OF STREET TO U		* 1 * 10	* 40 0
TITLE		☐ DELETE	6.1 TITI					Change	Addition
NAME		•	6.2 NA						,
STREET ADDRESS			6.3 STF	REET	ADORESS				.]

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP