FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENOF STATE

Sandra B. Monam

Secretary of Ste DIVISION OF CORPRATIONS

P93000001596 (4) DOCUMENT

SPECIALIZED MACHINING, INC.

Principal Place of Business Mailing Address 716 MC ARTHUR AVE. PO BOX 245 LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33970 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1993 Applied For 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Not Applicable 65-0374783 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 This corporation owes or has paid the current year Intangible Zip Zip Country Cauntry X Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NELSON, KENNETH L** 716 MCARTHUR AVE Street Address (P.O. Box Number is Not Acceptable) 82 **LEHIGH ACRES FL 33936** 83 85 Zip Code 84 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE NELSON, KENNETH L. 1.2 NAME NAME 716 MCARTHUR AVE 1.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 T(TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

2-27-98 941-369-8465

Addition

Change

FILED

Mar 31 1998 8:00am

Secretary of State