

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

IDENT # P93000008062 (0)

PRO MACHINING, INC.

FILED
Apr 27 1998 8:00am
Secretary of State



Place of Business

RATE 80.

FL 32750

Mailing Address

**1991 CORPORATE SQ.
#173
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1993

4. FEI Number

59-3160991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FERRARO, ROBERT V
1370 CLAYTON DR
DELTONA FL 32725**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**I 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
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]*
Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature is required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	15	16
D FERRARO, ROBERT V 1370 CLAYTON DR DELTONA FL 32725	<input type="checkbox"/> DELETE	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/97)

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 830-4604
Daytime Phone # **0070168**