

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000017745 (9)

1. Corporation Name

FLORIDA MECHANICAL PRODUCTS, INC.



Principal Place of Business

1857 WELLS RD., STE. 2  
JACKSONVILLE FL 32073

Mailing Address

3312 SCRUB OAK LN.  
JACKSONVILLE FL 32223

2. Principal Place of Business

21 490 S. Edgewood Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25 32205

26 USA

30

9. Name and Address of Current Registered Agent

MACPHERSON, GILBERT P P.A.  
1822 DREW STREET  
SUITE 8  
CLEARWATER FL 34625

3. Date Incorporated or Qualified  
02/26/1993

3a. Date of Last Report  
04/28/1995

4. FEI Number  
59-3166447

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KING, MICHAEL L  
STREET ADDRESS 3132 TIMBERVIEW DR.  
CITY-ST-ZIP DUNEDIN FL

TITLE D ☒ DELETE  
NAME HENDRY, JAMES M  
STREET ADDRESS 86 BAHAMA CIRCLE  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary - Treasurer

☐ Change ☒ Addition

1.2 NAME

Susan M. King

1.3 STREET ADDRESS

3312 Scrub Oak Ln

1.4 CITY-ST-ZIP

Jacksonville, FL 32223

2.1 TITLE

Vice President

☐ Change ☒ Addition

2.2 NAME

John Chaney

2.3 STREET ADDRESS

12883 Johnston Ridge Dr.

2.4 CITY-ST-ZIP

Jacksonville, FL 32258

3.1 TITLE

D

☒ Change ☐ Addition

3.2 NAME

Michael L. King

3.3 STREET ADDRESS

3312 Scrub Oak Ln.

3.4 CITY-ST-ZIP

Jacksonville, FL 32223

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (904) 384-1488

CR2E034 (12/95)