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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000020090 (5)

DOCUMENT # 1. Corporation Name AMTECH TOOL & MACHINE, INC.

Principal Place 530 PAUL M ENGLEWOOL	ORRIS DRIVE	Mailing Address 530 PAUL MORR ENGLEWOOD FL			
				3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 02/22/1995
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0389581	Applied For Not Applicable
Suite, Apt. i	·	Suite Apt. #, et	c	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip.	Country 30	8. This corporation has liability for in	
	9. Name and Address of Currer			10. Name and Address of New R	
SIGNATURE				oration submits this statement for the pur and of directors. I hereby accept the appo	FL 85 Zip Code piose of changing its registered office ontment as registered agent. I am
12.	Signature, typed or printed name of regularized agent OFFICERS ANI		(NOTE Bogister : Agent signature require		DATH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOEGELI, RONALD C 530 PAUL MORRIS DRIVE ENGLEWOOD FL 34223	DELETE	1 1 TIFLE 12 NAME 1.3 STREET ADDRESS 14 CLY-SE-ZIP	Sar Frisch Sar Frisch Sar Horris Englewood Ph	Change D Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Voegeli, troy L 530 Paul Morris Drive Englewood Fl	☐ DELETE	2 + 11"LE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - 21P	0.00000,772	Change Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S VOEGELI, CAROL A 530 PAUL MORRIS DRIVE ENGLEWOOD FL 34223	☐ D£I £1Ē	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ DELETE	4 1 TiflE 42 NAME 43 STREET ADDRESS 44 City St. 7IP		Change Addition

6.4 CITY - ST - ZIF 14. I do hereby certify that the information supplied with this fling 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

63 STHEET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2-2-96 941-475-6280

Change

Change

Addition

☐ Addition