

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034753 (2)

1. Corporation Name

MASSEY FABRICATORS, INC.



Principal Place of Business

2501 N 29TH ST
TAMPA FL 33605

Mailing Address

2501 N 29TH ST
TAMPA FL 33605

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21 Suite, Apt., Bldg., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt., Bldg., etc.

27 City & State

28 Zip Country

29 30

4. FET Number

59-3182695

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODWIN, JAMES W
111 E MADISON ST
SUITE 2300
TAMPA FL 33602

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 607.1506, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
DPT
MASSEY, JAMES R
2501 N 29TH ST
TAMPA FL 33605

2. TITLE ☐ DELETE

NAME
V
MASSEY, CRISPIN N
2501 N 29TH ST
TAMPA FL 33605

3. TITLE ☐ DELETE

NAME
V
MASSEY, RONALD A
2501 N 29TH ST
TAMPA FL 33605

4. TITLE ☐ DELETE

NAME
VS
MASSEY, JUANITA H
2501 N 29TH ST
TAMPA FL 33605

5. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

2. NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I 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)(A), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 this 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 change, or on an attachment with an address.

SIGNATURE

(Signature of Officer or Director)

2. M. 96

813.248.2117

CR2E034 (12/95)