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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034753 1. Corporation Name

MASSEY FABRICATORS, INC.

Mailing Address

2501 N 29TH ST

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90032 019 ***150.00



Principal Place of Business 2501 N 29TH ST TAMPA FL 33605 DO NOT WRITE IN THIS SPACE TAMPA FL 33605 3. Date Incorporated or Qualifed 05/13/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3182695 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation owes the current year Intangible 23 Country Zip Country □No Zip Personal Property Tax. 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GOODWIN, JAMES W 82 111 E MADISON ST 83 **SUITE 2300 TAMPA FL 33602** 85 Zin 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. (NOTE: Registered Agent signature required when reinstating) -CR2E034 (11/98 SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change 12. ☐ DELETE 1.1 TITLE - 10.00 TITLE 1.2 NAME MASSEY, JAMES R NAME 1.3 STREET ADDRESS 2501 N 29TH ST STREET ADDRESS 1.4 CITY-ST-ZIP TAMPA FL 33605 ☐ Addition _ Change CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE 2.2 NAME MASSEY, CRISPIN N NAME 2.3 STREET ADDRESS 2501 N 29TH ST STREET ADDRESS 2. 4 CITY-ST-ZIP Addition TAMPA FL 33605 Change CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME MASSEY, RONALD A NAME 3.3 STREET ADDRESS 2501 N 29TH ST STREET ADDRESS 3.4. CITY-ST-ZIP **TAMPA FL 33605** CITY-ST-ZIP DELETE 41 TITLE TITLE 4.2 NAME MASSEY, JUANITA H NAME 4.3 STREET ADDRESS 2501 N 29TH ST STREET ADDRESS 4.4 CITY-ST-ZIP Addition TAMPA FL ☐ Change CITY-ST-ZIP DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP Addition Change CITY-ST-ZIP DELETE **61 TITLE** TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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 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. The all other like empowered. CITY-ST-ZiP

NG OFFICER OR DIRECTOR

SIGNATURE: