

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -2 PM 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036984 (1)

1. Corporation Name

~~MAT-VAC PAK & SHIP, INC.~~

MAT-VAC PRECISION MACHINING, INC.

Principal Place of Business

411 S. CENTRAL AVE.
FLAGLER BEACH FL 32136

Mailing Address

411 S. CENTRAL AVE.
FLAGLER BEACH FL 32136

600001473666
-05/03/95--01118--019
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
04/15/1994

4. FEI Number
59-3181925

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

9. The corporation has complied with the requirements of Section 190.012
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1189 U.S. HWY # 1

Subs. Apt. #, etc.

22 UNIT D

City & State

23 ORMOND BEACH, FL

2a. Mailing Address

26

Subs. Apt. #, etc.

27 P.O. BOX 40

City & State

28 FLAGLER BEACH, FL

24 32174

25

29 32136

30

9. Name and Address of Current Registered Agent

MICHAUD, JOSEPH L
411 S. CENTRAL AVE.
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name MICHAUD, JOSEPH L.
82 Street Address (P.O. Box Number is Not Acceptable)
1189 U.S. HWY # 1
UNIT D
83
84 City ORMOND BEACH FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8) 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 607.0503, Florida Statutes.

SIGNATURE

Joseph L. Michaud

PRESIDENT JOSEPH L. MICHAUD

04/17/95

12. OFFICERS AND DIRECTORS

12.1	12.2
NAME	D MICHAUD, JOSEPH L
STREET ADDRESS	57 BLACK BEAR LANE
CITY, ST, ZIP	PALM COAST FL 32137
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1. TITLE	1.1 NAME	☐ Change ☐ Addition
1.1 STREET ADDRESS	1.2 NAME	
1.2 CITY, ST, ZIP	1.3 STREET ADDRESS	
2. TITLE	2.1 NAME	☐ Change ☐ Addition
2.1 STREET ADDRESS	2.2 NAME	
2.2 CITY, ST, ZIP	2.3 STREET ADDRESS	
3. TITLE	3.1 NAME	☐ Change ☐ Addition
3.1 STREET ADDRESS	3.2 NAME	
3.2 CITY, ST, ZIP	3.3 STREET ADDRESS	
4. TITLE	4.1 NAME	☐ Change ☐ Addition
4.1 STREET ADDRESS	4.2 NAME	
4.2 CITY, ST, ZIP	4.3 STREET ADDRESS	
5. TITLE	5.1 NAME	☐ Change ☐ Addition
5.1 STREET ADDRESS	5.2 NAME	
5.2 CITY, ST, ZIP	5.3 STREET ADDRESS	
6. TITLE	6.1 NAME	☐ Change ☐ Addition
6.1 STREET ADDRESS	6.2 NAME	
6.2 CITY, ST, ZIP	6.3 STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to be the registered agent for the corporation. I further certify that the information contained in 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 of this report, or as an attachment with an address.

SIGNATURE:

Joseph L. Michaud

PRESIDENT JOSEPH L. MICHAUD 672-1016

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR