

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045182 (1)

1. Corporation Name

ARVIL MACHINE AND TOOL COMPANY INCORPORATED

Principal Place of Business

7206 S O'BRIEN
TAMPA FL 33616

Mailing Address

7206 S O'BRIEN
TAMPA FL 33616



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KOVACS, LOUIS
7206 S O'BRIEN
TAMPA FL 33616

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
01/20/1995

4. FEI Number
57-0982167

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 607.0506, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if registered agent is not the incorporator)

Signature of Registered Agent (if not the incorporator)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME
D KOVACS, LOUIS
2. STREET ADDRESS
7206 S O'BRIEN
3. CITY, ST, ZIP
TAMPA FL 33616

☐ DELETE

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

☐ DELETE

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

☐ DELETE

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ DELETE

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

☐ DELETE

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

7. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

8. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

9. 1. TITLE
2. NAME
3. STREET ADDRESS
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 or 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

2-13-96

Date

810-857-1036

Daytime Phone #

CR2E034 (12/95)