## \*2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P93000056162 ADVÁNCE MATERIAL HANDLING, INC. Principal Place of Business Mailing Address 1730 A NE 23 TERR. 1730 A NE 23 TERR. APT. A APT. A OCALA, FL 34470 US OCALA, FL 34470 US 04282004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3192634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent FIEHN, RICHARD F DO NOT WRITE 5650 S.E. 43RD COURT OCALA, FL 34480 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Realizated Apent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <del>V00000138235</del> 04/29/04-80076-008 150.00 10. OFFICERS AND DIRECTORS THIE FIEHN, RICHARD F MALE STREET ADDRESS 5650 SE 43RD CT. OCALA, FL CITY-ST-7IP TILLE NAME STREET ADDRESS CITY-ST-ZIP mie NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NW

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3Xi), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

KOMATURE AND TYPED OR PRINTED HAVE OF SICHUIG OFFICER OF DIRECTOR

9/30/04 (350) 207-300 Decime Parise

**FILED**