

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:46

DOCUMENT # P93000058152 (8)

1. Corporation Name

THE MACHINERY CONNECTION, INC.

Principal Place of Business

9034 QUAIL CREEK DRIVE
TAMPA FL 33647

Mailing Address

9034 QUAIL CREEK DRIVE
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

06/15/1994

4. FEI Number

59-3199835

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

2. Principal Place of Business

21 16057 Tampa Palms Blvd.

2a. Mailing Address

26 16057 Tampa Palms Blvd.

Suite, Apt. #, etc.

22 Suite 280

Suite, Apt. #, etc.

27 Suite 280

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33647

Country

25 USA

Zip

29 33647

Country

30 USA

9. Name and Address of Current Registered Agent

FRANKLIN, BARRY
9034 QUAIL CREEK DRIVE
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

BARRY FRANKLIN

82 Street Address (P.O. Box Number is Not Acceptable)

16057 Tampa Palms Blvd.

83

Suite 280

84 City

Tampa

FL

85 Zip Code

33647

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.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANKLIN, BARRY
STREET ADDRESS	9034 QUAIL CREEK DRIVE
CITY - ST - ZIP	TAMPA FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☒ Change ☐ Addition
1 2 NAME	P FRANKLIN, BARRY
1 3 STREET ADDRESS	16057 Tampa Palms Blvd. Ste. 280
1 4 CITY - ST - ZIP	Tampa FL 33647
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 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 110.07(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 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Barry Franklin

7/10/95

813-632-6474