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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000020040 (9)**

1. Corporation Name
ATOMIC MACHINE & EDM, INC.

Principal Place of Business
~~5700 HOUCHIN STREET NO 8~~
~~NAPLES FL 33942~~

Mailing Address
~~5700 HOUCHIN STREET NO 8~~
~~NAPLES FL 34109-1917~~

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business
21 2145 CORPORATION BLVD.
Suite, Apt #, etc
22
City & State
23 NAPLES FL
Zip 24 34109 Country 25 USA

2a. Mailing Address
26 2145 CORPORATION BLVD.
Suite, Apt #, etc
27
City & State
28 NAPLES, FL.
Zip 29 34109 Country 30 USA

4. FEI Number: 65-0480732 — 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

9. Name and Address of Current Registered Agent
NEADER, JOHN F
~~5700 HOUCHIN STREET NO 8~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent
81 Name NEADER, JOHN F
82 Street Address (P.O. Box Number is Not Acceptable) 2145 CORPORATION BLVD
83 /
84 City NAPLES FL 85 Zip Code 34109

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 x John F. Neader John F. Neader PRESIDENT 3/12/97
(Signature of a new officer or director required if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	NEADER, JOHN F	
STREET ADDRESS	1399 WISCONSIN DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVPS	☐ DELETE
NAME	MINARCIN, JOHN J	
STREET ADDRESS	721 ROSE COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	DVPS	☒ Change ☐ Addition
2. NAME	MINARCIN, JOHN J	
2. STREET ADDRESS	4412 BURTON RD	
2. CITY-ST-ZIP	NAPLES, FL 34104	
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for tax 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.

SIGNATURE: x John F. Neader John F. Neader 3/12/97 941-566-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)