

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000043495 (8)

1. Corporation Name

A-1 MACHINE & FAB, INC.

**A-1 Machine & Fab., Inc.**  
4800 Nolan Street  
Jacksonville, FL 32254

dress

RINGTON STREET  
VILLE FL 32205

*Change address  
to*

FILED

96 DEC 31 PM 12: 28

SECRETARY OF STATE  
TAX ASSESSOR FLORIDA

REINSTATEMENT *go on*

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 07/11/1995
22. Suite, Apt #, etc 22	27. Suite, Apt #, etc	4. FEI Number 59-3250103	Applied For Not Applicable
23. City & State 23	28. City & State	5. Certificate of Status Desired □	\$8.75 Additional Fee Required
24. Zip 24	25. Country 25	6. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees
29. Zip 29	30. Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDANIELS, MARY A 3050 WARRINGTON STREET JACKSONVILLE FL 32205	81. Name <i>Maryann McDaniel</i> 82. <i>A-1 Machine &amp; Fab., Inc.</i> 83. <i>4800 Nolan Street</i> 84. <i>Jacksonville, FL 32254</i> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-mentioned officer 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 *Maryann McDaniel*

Signature typed or printed name of registered agent and use if applicable

(NOTE Registered Agent signature required when reinstating)

12-16-96

DATE

CR2E034 (3/96)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	□ Change □ Addition <b>800002046278--6</b> -01/06/97--01004-024 ****375.00 ****375.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	□ Change □ Addition

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maryann McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-96 904-388-8589

Date

Daytime Phone #

0133986 FF