

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000067042 (9)**

1. Corporation Name

**LANGLEY MACHINERY, INC.**



Principal Place of Business: **61 SOUTH HERON CREEK LOOP INVERNESS FL 34450**  
Mailing Address: **61 SOUTH HERON CREEK LOOP INVERNESS FL 34450**

3. Date Incorporated or Qualified: **09/13/1994**  
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business: **21 3220 S. Black Mountain Dr.**  
2a. Mailing Address: **26 3220 S. Black Mountain Dr.**

4. FEI Number: **65-0522563**  
Applied For:  Applied For  Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **Inverness, FL**  
28. City & State: **Inverness, FL**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24. Zip: **34450**  
25. Country: **FL**  
29. Zip: **34450**  
30. Country: **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LANGLEY, ROGER D  
61 S. HERON CREEK LOOP  
INVERNESS FL 34450**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **3220 S. Black Mountain Drive**  
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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent and the date) (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>LANGLEY, SANDRA P</b>	
STREET ADDRESS	<b>% 61 S. HERON CREEK LOOP</b>	
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LANGLEY, ROGER D</b>	
STREET ADDRESS	<b>61 S. HERON CREEK LOOP</b>	
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3220 S. Black Mountain Dr.</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3220 S. Black Mountain Dr.</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra P. Langley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/96* 352-344-4820  
Date Time Phone #

CR2E034 (12/95)