

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000000171 (5)

1. Corporation Name

MATRIX MACHINING CORPORATION



Principal Place of Business

1646 A TILLEY AVE  
CLEARWATER FL 34616  
US

Mailing Address

MATRIX MACHINERY CORPORATION  
1646 A TILLEY AVE  
CLEARWATER FL 34616  
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LADD, LLOYD E  
1080 ANGLE ROAD  
DUNEDIN FL 34698

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

05/19/1995

4. FEI Number

59-3287446

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

10. Name and Address of New Registered Agent

81 Name

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

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

12. Signature of Registered Agent (if different from agent in Block 9)

Signature of Registered Agent (if different from agent in Block 9)

DATE

12. OFFICERS AND DIRECTORS

|                   |                     |                                 |
|-------------------|---------------------|---------------------------------|
| 1. TITLE          | D                   | <input type="checkbox"/> DELETE |
| 2. NAME           | LADD, LLOYD E       |                                 |
| 3. STREET ADDRESS | 1080 ANGLE ROAD     |                                 |
| 4. CITY, ST, ZIP  | DUNEDIN FL 34698-D  |                                 |
| 1. TITLE          | D                   | <input type="checkbox"/> DELETE |
| 2. NAME           | O'CONNOR, NIEL      |                                 |
| 3. STREET ADDRESS | 1405 DRUID ROAD     |                                 |
| 4. CITY, ST, ZIP  | CLEARWATER FL 34616 |                                 |
| 1. TITLE          |                     | <input type="checkbox"/> DELETE |
| 2. NAME           |                     |                                 |
| 3. STREET ADDRESS |                     |                                 |
| 4. CITY, ST, ZIP  |                     |                                 |
| 1. TITLE          |                     | <input type="checkbox"/> DELETE |
| 2. NAME           |                     |                                 |
| 3. STREET ADDRESS |                     |                                 |
| 4. CITY, ST, ZIP  |                     |                                 |
| 1. TITLE          |                     | <input type="checkbox"/> DELETE |
| 2. NAME           |                     |                                 |
| 3. STREET ADDRESS |                     |                                 |
| 4. CITY, ST, ZIP  |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           |                                                                   |
| 3. STREET ADDRESS |                                                                   |
| 4. CITY, ST, ZIP  |                                                                   |
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           |                                                                   |
| 3. STREET ADDRESS |                                                                   |
| 4. CITY, ST, ZIP  |                                                                   |
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           |                                                                   |
| 3. STREET ADDRESS |                                                                   |
| 4. CITY, ST, ZIP  |                                                                   |
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           |                                                                   |
| 3. STREET ADDRESS |                                                                   |
| 4. CITY, ST, ZIP  |                                                                   |
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           |                                                                   |
| 3. STREET ADDRESS |                                                                   |
| 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)(g), 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:

*Neil O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

813-581-3317

CR2E034 (12/95)