

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000001160 (7)

1. Corporation Name  
MACHINED METALS, INC.

Principal Place of Business

5700 HOUCHIN ST  
UNIT 5  
NAPLES FL 33942

Mailing Address

5700 HOUCHIN ST  
UNIT 5  
NAPLES FL 34109-1817



2. Principal Place of Business  
21 MACHINED METALS INC.  
2800 S. HORSESHOE DR. #700  
NAPLES, FL 34104

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BRUNSVOLD, MARK  
5700 HOUCHIN ST  
UNIT 5  
NAPLES FL 33942

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0550366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BRUNSVOLD, MARK

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

2900 SOUTH HORSESHOE DR #700

83

84 City

Naples

FL

85 Zip Code

34104

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 of the registered agent and the corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME  
D  
BRUNSVOLD, MARK  
12.2 STREET ADDRESS  
5224 31ST PL SW  
12.3 CITY-STATE-ZIP  
NAPLES FL 33999  
12.4 TITLE  
☐ DELETE  
12.5 NAME  
☐ DELETE  
12.6 STREET ADDRESS  
☐ DELETE  
12.7 CITY-STATE-ZIP  
☐ DELETE  
12.8 TITLE  
☐ DELETE  
12.9 NAME  
☐ DELETE  
12.10 STREET ADDRESS  
☐ DELETE  
12.11 CITY-STATE-ZIP  
☐ DELETE  
12.12 TITLE  
☐ DELETE  
12.13 NAME  
☐ DELETE  
12.14 STREET ADDRESS  
☐ DELETE  
12.15 CITY-STATE-ZIP  
☐ DELETE  
12.16 TITLE  
☐ DELETE  
12.17 NAME  
☐ DELETE  
12.18 STREET ADDRESS  
☐ DELETE  
12.19 CITY-STATE-ZIP  
☐ DELETE  
12.20 TITLE  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-STATE-ZIP  
☐ Change ☐ Addition  
13.5 TITLE  
☐ Change ☐ Addition  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-STATE-ZIP  
☐ Change ☐ Addition  
13.9 TITLE  
☐ Change ☐ Addition  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-STATE-ZIP  
☐ Change ☐ Addition  
13.13 TITLE  
☐ Change ☐ Addition  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-STATE-ZIP  
☐ Change ☐ Addition  
13.17 TITLE  
☐ Change ☐ Addition  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-STATE-ZIP  
☐ Change ☐ Addition

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

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

941/403-0860

Daytime Phone

CR2E034 (9/96)