

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 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 # P96000003022 (6)

1. Corporation Name

BROWNELL SCREW MACHINE PRODUCTS, INC.

Principal Place of Business

HC-04 BOX 912
OLD TOWNE FL 32680

Mailing Address

HC-04 BOX 912
OLD TOWNE FL 32680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 HC-04 Box 56

2a. Mailing Address

26 P.O. Box 1707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OLD TOWN FL

27 City & State

28 OLD TOWN FL

24 Zip

Country

32680

26 USA

29 Zip

Country

32680

30 USA

4. FEL Number

59-3354322

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BROWNELL, EDWARD J
HC-04 BOX 912
OLD TOWNE FL 32680

10. Name and Address of New Registered Agent

81 Name

BROWNELL, EDWARD J.

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

HWY 55A

83

84 City

OLD TOWN

FL

85 Zip Code

32680

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

Edward J. Brownell Pres.

EDWARD J. BROWNELL

9-16-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

PRES.
EDWARD J BROWNELL

1.3 STREET ADDRESS

HWY 55A

1.4 CITY - ST - ZIP

OLD TOWN FL 32680

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

EDWARD J. BROWNELL

CR2E034 (4/97)