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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

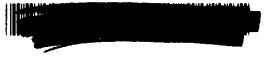
Principal Place of Business

P96000003022 (6)

BROWNELL SCREW MACHINE PRODUCTS, INC.

Automatics, Inc. BROWNell

FILED May 07 1998 8:00am Secretary of State



HC-04 BOX 56 P.O BOX 1707 OLD TOWN FL 32680 OLD TOWN FL 32680 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3354322 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Flection Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zio 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROWNELL, EDWARD J HWY \$5A 82 Street Address (P.O. Box Number is Not Acceptable) OLD TOWN FL 32680 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURY

SIGNATURY

SIGNATURY

SIGNATURY 4-28-98 OFFICERS AND DIRECTORS 12. Change Addition TITLE **BROWNELL**, EDWARD J 1.2 NAME NAME HWY 55A STREET ADDRESS 1.3 STREET ADDRESS OLD TOWN FL 14 CITY- ST - 7IP CITY-ST-ZIP DELETE Brownell, Susan E. Change Addition 21 THLE TITLE they 55A 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Old Town, FL 32680 CITY-ST-ZIP 2 4 CHY-ST-7IP Addition DELETE 3 1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-S1-7/P CITY-ST-ZIP DELFTE 41 TITLE ☐ Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS **700002524847** -05/15/98--01013--0**06** Change CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 6.1 LITLE TITLE ***150.00 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 COY-ST-7IP CITY-ST-ZIP

14. Thereby 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.