


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

FILED

Jun 10 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 # P96000004655 (2)

1. Corporation Name

ARROW MACHINE & TOOL, INC.

Principal Place of Business

Mailing Address

6834 HARBOR
HUDSON FL 34667

6834 HARBOR
HUDSON FL 34667-1381



2. Principal Place of Business

2a. Mailing Address

21 10417 SR 52, Hudson, FL 34669

Suite, Apt. #, etc.

22 Hudson, FL

City & State

23 34669

Zip

24

Country

25 USA

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

3. Date Incorporated or Qualified

01/16/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3357796

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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:



4/28/1997 813-869-8554

CR2E034 (9/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **59-3357796**

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

ARROW MACHINE & TOOL, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

10417 SR 52

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code

Hudson, Florida 34669

5b City, state, and ZIP code

6 County and state where principal business is located

Pasco County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶

Stephen P. Janacek, President (ssn 303-04-2256)

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify) ▶

☐ Personal service corp.

☐ National guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☒ Other corporation (specify) **profit**

☐ Federal government/military

☐ Trust

☐ Partnership

☐ Farmers' cooperative

☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State

Florida

Foreign country

9 Reason for applying (Check only one box.)

☐ Started new business (specify) ▶

☐ Hired employees

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

11/95

11 Enter closing month of accounting year. (See instructions.)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

12/1/96

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural

Agricultural

Household

1

14 Principal activity (See instructions.) ▶ **buy & sell new & used machines & tools**

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ▶

☐ Yes

☐ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes

☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **FEBELYN B. JANACEK/Sec. Treas.** (813) 869-8554

Signature ▶ **Febelyn B. Janacek**

Date ▶ **2/7/96**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying