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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000034910 (5)

RELIABLE TOOL & MACHINE, INC.

Principal Place of Business Mailing Address C/O JERRY M SYROP C/O JERRY M SYROP 1515 UNIVERSITY DRIVE STE 218 1515 UNIVERSITY DRIVE STE 218 CORAL SPRINGS FL 33071-6086 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996 2. Principal Place of Business Mailing Address **FEI Number** Applied For (10 C.D.Goforth Clu C.D. Goforth 65-06 65805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Beach Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 25 U.S.A. 33403 Yes No U.S.A 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SYROP, JERRY M CHARLES D. GOFORTH 1515 UNIVERSITY DR STE 218 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 CHYPALM BEACH GARDENS 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 obtigations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE THUE President Charles D. Goforth NAME 1.2 NAME 216 ZND TERRACE STREET ADDRESS 1.3 STREET ADDRESS PalmBeach Gardens, FL. 33418 CITY - ST-1.4 City - ST-ZIP DELETE Change Addition HILE Vice President 2.1 TITLE Chad G. Goforth NAME 2.2 NAME 216 2ND TERRACE 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL33418 CHY - S1 - ZIP 2. 4 City-St-ZIP Change Addition Hite 3.1 TITLE VICE PRESIDENT MATTHEW C. GOFORALN NAM: 3.2 NAME 216 JRDTERFACE 3.3 STREET ADDRESS STREET ADDRESS MALM BEACHGARDENS, FL334 18 CITY-ST-ZIP 3.4. CITY-\$1-2IP Change Addition Sec. Treasurer 4.1 TITLE TITLE SANDRA M. GOFORTH 4. 2 NAME NAME 216 21D TERRACE 4.3 STREET ADDRESS STREET ADDRESS ALM BEACH GARDENS CITY - \$1 - ZIP 4.4 CITY - ST-ZIP ☐ Change Addition TILLE 5.1 TITLE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADORESS C(1) - S1 - ZIP 5.4 CITY - ST - ZIP Addition DELETE Change THUE 6.1 TITLE 6.2 NAME NAME **6.9 STREET ADDRESS** 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