

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90081 043 \*\*\*150.00

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1. Corporation Name

U. S. SLIDE-FORMING MACHINERY CORPORATION

Principal Place of Business

11934 PASCO TRLS BLVD  
SPRING HILL, FL 34610  
US

Mailing Address

11934 PASCO TRAILS BLVD  
SPRING HILL FL 34610  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3445622

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 the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DECAROLIS, JAMES  
11934 PASCO TRLS BLVD  
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81 Name James DeCarolis  
82 Street Address (P.O. Box Number is Not Acceptable) 11934 Pasco Trails Blvd.  
83  
84 City Spring Hill FL 85 Zip Code 34610

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

James DeCarolis

4-23-99

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 ☐ DELETE

NAME DECAROLIS, JAMES  
STREET ADDRESS 11934 PASCO TRLS BLVD  
CITY-ST-ZIP SPRING HILL FL

TITLE ☒ DELETE

NAME TREPANIER, DENNIS  
STREET ADDRESS 4860 LINCOLN SHIRE AVE  
CITY-ST-ZIP BUENA PARK CA 90621

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 President ☒ Change ☐ Addition

1.2 NAME James, DeCarolis  
1.3 STREET ADDRESS 11934 Pasco Trails Blvd.  
1.4 CITY-ST-ZIP Spring Hill, FL. 34610

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Susan DeCarolis  
3.3 STREET ADDRESS 11934 Pasco Trails Blvd.  
3.4 CITY-ST-ZIP Spring Hill, FL. 34610

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with a written like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 8139967024

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