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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078293 (3)

1. Corporation Name

ELLIOTT'S CNC MACHINE REPAIR INCORPORATED

Principal Place of Business

Mailing Address

320 N. MAGNOLIA AVE.
SUITE A-8
ORLANDO FL 32801

320 N. MAGNOLIA AVE.
SUITE A-8
ORLANDO FL 32801-1624



2. Principal Place of Business
21 2926 Sunset Road
Suite Apt. #, etc.
22 City & State
23 Apopka, Florida
Zip Country
24 32703 25 USA

2a. Mailing Address
26 2926 Sunset Road
Suite, Apt. #, etc.
27 City & State
28 Apopka, Florida
Zip Country
29 32703 30 USA

3. Date Incorporated or Qualified 09/19/1996
3a. Date of Last Report
4. FEI Number 59-3405337
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

10. Name and Address of New Registered Agent

VAN ZANT, CAROLYN
320 N. MAGNOLIA AVE.
SUITE A-8
ORLANDO FL 32801

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 Carolyn K. van Zant

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President/Secretary/Treasurer	Kevin Elliott	2926 Sunset Road, Apopka, Florida	32703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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: *Kevin Elliott* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97 407-521-0267

Date

Daytime Phone

0082712

CR2ED34 (9/96)