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PROFIT CORPORATION ANNUAL REPORT

1999

PREMIER MACHINE TECHNOLOGY, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

DOCUMENT # P97000021404

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90007 001 ***150.00

	• •				
Principal Place	e of Business	Mailing Address	 :	1 12011231 518 1011) 10011 00111 1	1815) 88191 88518 15881 (1851 81815 8261) 6381 1883
•	EACH ROAD. SUITE 201	P.O. BOX 2366 BONITA SPRINGS FL 34133- US	2366	DO NOT WE	RITE IN THIS SPACE
				3. Date Incorporated or Qualife	t
	and the second			03/07/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	<i>C</i> 01	4. FEI Number	Applied For
₂₁ / 345	1 Mc Gregoi Blod.	26 1345/ Mc	Gregor Blu	d 59-3440239	Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 Suite # 3	3/	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	Myers 72.	. City & State 28 77. Mac 15	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3.39/	Country 25 1/5/A	Zip 7 337/9	Country 30 USA	This corporation owes the cu Personal Property Tax.	ırrent year Intangible □ Yes 🌃
241 2011	9. Name and Address of Current F			10. Name and Address of New	Registered Agent
			81 Name		
WILL	IAMS, THOMAS A		92 Charact	Address (P.O. Box Number is Not_Accep	stable)
405 1	Tradewinds ave.		82 Street A	5/ Mc Gregor Blud	
napi	LES FL 34108		83	3 , 5	
			Du	110 # 31	
			84 City	+ Musica	FL 85 Zip Code 3 > 9/9
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508. Florida Statute	s, the above-named	corporation submits this statement for th	e purpose of changing its registered
office or re	egistered agent, or both, in the State of	Florida. Such change was au	thorized by the corpo	pration's board of directors. I hereby acc	ept the appointment as registered
agent. I ar	m familiar with, and accept the obligation	ns of, Section 607.0505, Flori	ua Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	- 100-	Change
NAME	WILLIAMS, THOMAS A		1.2 NAME	•	
STREET ADDRESS	9200 BONITA BEACH ROAD, SUI	TE 201	1.3 STREET ADDRESS	13451 Magregor Bi	lud #31
CITY+ST-ZIP	BONITA SPRINGS FL 34133-2366	<u></u>	1.4 CITY-ST-ZIP	71: My ars 72 . 339	719
TITLE	SD	☐ DELETE	2.1 TITLE	/ /	Change
NAME	MORROW, JAY D	•	2.2 NAME		
STREET ADDRESS	9200 BONITA BEACH ROAD, SUI	TE 201	2.3 STREET ADDRESS	13451 McGregor	Blud, # 31
CITY-ST-ZIP	BONITA SPRINGS FL 34133-2366		2.4 CITY-ST-ZIP	Tt. Myors 72. 3	3919
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	ZAISER, HAROLD W		3.2 NAME		
STREET ADDRESS	9200 BONITA BEACH ROAD, SUI	TE 201	3.3 STREET ADDRESS	13451 Mc Grager	Blud. # 31
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4. CITY-ST-ZIP	77. Myors 41. 3:	3 / 1 /
TITLE	D	☐ DELETE	4.1 TITLE	, ,	Change
NAME	HEATH, ROBERT		4.2 NAME		2/2/
STREET ADDRESS	9200 BONITA BEACH ROAD, SU	TE 201	4.3 STREET ADDRESS	13451 Mc Gregor	· 0102, 423(
CITY ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP	TT. Myers, 72/3	3919
пъЕ√	D	☐ DELETE	5.1 TITLE		Change
NAME +	BODOLAY, JACK		5.2 NAME	. 2//m/ M. C.	81.1 421
STREET ADDRESS	9200 BONITA BEACH ROAD, SU	TE 201	5.3 STREET ADDRESS	* a	B/vd, # 3/
CITY-ST-ZIP	BONITA SPRINGS FL 34135		5.4 CITY-ST-ZIP	Tt. Myers , TL.	33917
TITLE	D	(DELETE	6.1 TITLE	/ '	Change Addition
NAME	BARTELS, DONALD J		6.2 NAME	12 thank M. Commission	ALU ILZI
STREET ADDRESS	9200 BONITA BEACH ROAD, SUI	TE 201	6.3 STREET ADDRESS	13451 McGregor	U/UF. # J/
CITY-\$T-ZIP	BONITA SPRINGS FL 34135		6.4 CITY-ST-ZIP	Tt. Muers TL 3	3919

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 suppliemental 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 all other like empowered.

SIGNATURE: