

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91013 035 ***150.00

DOCUMENT # P97000043392

1. Entity Name
FEDERAL MACHINE & INDUSTRIAL SERVICES INC.



94081260



03212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3446396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SINGLETON, MICHAEL T
101 ST. ANDREWS ST.
JACKSONVILLE, FL 32254

7. Name and Address of New Registered Agent

Name **Michelle Singleton**
Street Address (P.O. Box Number is Not Acceptable)
101 St. Andrews St
City **Jacksonville** FL Zip Code **32254**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Melissa M. Singleton

(NOTE: Registered Agent signature required when reinstating)

3-30-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SINGLETON, MELISSA M	
STREET ADDRESS	1010 PEBBLE RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIELDS, ROBERT B	
STREET ADDRESS	434 HAYON AVE.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, MICHAEL T	
STREET ADDRESS	1010 PEBBLE RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, SCOTT S	
STREET ADDRESS	323 CAPELLA RD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, MELISSA M	
STREET ADDRESS	1010 PEBBLE RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINMAN, RALPH G	
STREET ADDRESS	1196 Pebble Ridge Ct.	
CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, SCOTT S	
STREET ADDRESS	323 Capella Rd	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa M. Singleton

Melissa M. Singleton

Date

3/30/04

Daytime Phone #

783-1417