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Secretary of State

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**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # P97000043773

1. Corporation Name

MUNROE MACHINERY CORPORATION

Principal Place of Business

404 S. SHELTER ST
 QUINCY FL 32351

Mailing Address

P.O. BOX 860
 QUINCY FL 32353-0860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

59-3463143

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

2. Principal Place of Business

404 S. SHELTER ST
 QUINCY, FL.
 32351

2a. Mailing Address

P.O. BOX 860
 QUINCY, FL 32353-0860

Suite, Apt. #, etc.
 City & State
 Zip

Suite, Apt. #, etc.
 City & State
 Zip

Country

G.A.R.S.E.W.

Zip

32353-0860

Country

G.A.R.S.P.W.

9. Name and Address of Current Registered Agent

MUNROE, WILLIAM D SR
 313 NORTH JACKSON STREET
 QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

N/A

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

William D. Munroe Sr.
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

1/11/99

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition☐ Change☐ Addition

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 all other like empowered.

SIGNATURE:

William D. Munroe Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

Daytime Phone #

CR2E034 (1/1/98)