

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057262 (2)

1. Corporation Name

MID-SOUTHERN MACHINERY, INC.

Principal Place of Business

3333 W ATLANTIC BLVD  
UNIT 35  
POMPANO BEACH FL 33069

Mailing Address

3333 W ATLANTIC BLVD  
UNIT 35  
POMPANO BEACH FL 33069

APPROVED  
AND  
FILED

99 JAN -7 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified

06/30/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 % Dale W. DeRosia  
Suite, Apt. #, etc.

27 2900 E. Baya Ave.

City & State

28 Lake City, FL

29 Zip

Country

30 U.S.

4. FEI Number

65-0765189

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name  
Dale W. DeRosia

82 Street Address (P.O. Box Number is Not Acceptable)  
2900 E. Baya Ave.

83

84 City  
Lake City

FL

85 Zip Code  
32025

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

Dale W. DeRosia

1-4-99

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 D ☐ DELETE  
NAME KRAMER, D.  
STREET ADDRESS 3333 W ATLANTIC BLVD, UNIT 35  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE  
NAME Channa, A.  
STREET ADDRESS 2900 E. Baya Ave.  
CITY-ST-ZIP Lake City, FL 32025

TITLE ☐ DELETE  
NAME Patel, P.J.  
STREET ADDRESS 4510 U.S. Highway 90 West  
CITY-ST-ZIP Lake City, FL 32055

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 None ☐ Change ☐ Addition  
1.2 NAME 7000002740667--0  
1.3 STREET ADDRESS -01/13/99--01103--005  
1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE President ☐ Change ☒ Addition  
2.2 NAME 7000002740667--0  
2.3 STREET ADDRESS -01/13/99--01103--006  
2.4 CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

Asst. Sec. of State

15 Dec 98

310-537 6700

CR2E034 (10/97)