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Mailing Address

9109 CAMINO VILLA BLVD.

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

4-1-98

Sandra B. Mortham

Soorotary of State. S
DIVISION OF CORPORATIONS

DOCUMENT # P97000077817 (9)

TOTAL MACHINING, INC.

Principal Place of Business

9109 CAMINO VILLA BLVD.

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TAMPA FL 33635 TAMPA FL 33635 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent CHONG, TU YONG 9108 CAMINO VILLA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33635** 83 84 Zip Code 85 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, typed or printed name of register **SIGNATURE** d agent and filled pplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE The YONG CHONG CHONG, TU YONG NAME 1.2 NAME CR2E034 9108 Camino Villa Bl 9108 CAMINO VILLA BLVD. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33635 1 4 CITY - ST - 7/P CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.