

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S56207** (1)

1. Corporation Name

**FINCH'S MACHINERY AND TOOL SERVICE, INC.**

Principal Place of Business

**1807 EAST WINTER PARK RD.  
ORLANDO FL 32803**

Mailing Address

**1807 EAST WINTER PARK RD.  
ORLANDO FL 32803-1805**

3. Date Incorporated or Qualified

**05/29/1991**

3a. Date of Last Report

**02/09/1996**

4. FEI Number

**59-3068368**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

**21 120 PEACE HILL PLACE**

Suite, Apt. #, etc.

2a. Mailing Address

**26 120 PEACE HILL PLACE**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23 GENEVA FL**

Zip Country

**28 GENEVA FL**

Zip Country

**24 32739**

**25 USA**

**29 32739**

**30 USA**

9. Name and Address of Current Registered Agent

**FINCH, JAMES C.  
8152 BUCKSAW DRIVE  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

**81** Name

**FINCH, JAMES C.**

**82** Street Address (P.O. Box Number is Not Acceptable)

**120 PEACE HILL PLACE**

**83**

**84** City

**GENEVA**

**FL**

**85** Zip Code

**32739**

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

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	PTD	<input type="checkbox"/> DELETE
NAME	FINCH, JAMES C.	
STREET ADDRESS	8152 BUCKSAW DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FINCH, JAMES C.	
1.3 STREET ADDRESS	120 PEACE HILL PLACE	
1.4 CITY - ST - ZIP	GENEVA FL 32739	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES C. FINCH PRESIDENT 4/16/97**

Date

**(407)349-0029**

Daytime Phone #

0084318

CR2E034 (9/96)