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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$56207

1. Corporation Name

FINCH'S MACHINERY AND TOOL SERVICE INC

FINOR	NACHINENT AND TOOL	OLHVIOL, INC.			
Principal Plac	e of Business	Mailing Address			- I 18013016 28) 81110 Olive Heli 48191 (80) minit ardir biest arait arait arait
120 PEACE HIL		120 PEACE HILL PL			
GENEVA FL 32		GENEVA FL 32739			
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/29/1991
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21		26			59-3068368 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		_		5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes
	9. Name and Address of Cur	rent Registered Agent	-	LNI	10. Name and Address of New Registered Agent
FINCH, JAMES C. 120 PEACE HILL PL			81	Name	
			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
GENEVA FL 32739		•	_		
GEN	IEVA FL 32/39		83		
			84	City	85 Zip Code
				1	poration submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·	stered Agei		d when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PTD	☐ DELETE	1.1 TITLE		
NAME	FINCH, JAMES C.		1.2 NAME	Ì	
STREET ADDRESS			1.3 STREE	TADDRESS	•
CITY-ST-ZIP	GENEVA FL		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	5	*	2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	Channe C Addition
TITLE			3.1 TITLE	-	- Change Addition
NAME		1	3.2 NAME		•
STREET ADDRESS	3		3.3 STREE	TADDRESS	
CITY+ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		i	4, 2 NAME		
STREET ADDRESS	3		4.3 STREE	T ADDRESS	
CITY+ST-ZIP			4.4 CITY-5	iT-ZIP	
TITLE		-	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	;}		5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE			6.1 TITLE	1	Change Addition
NAME			6.2 NAME		

CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90190 004 ***150.00