

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S83352**
1. Corporation Name
CENTRAL MACHINE SERVICE, INC.

(2)

Principal Place of Business

9191 HWY. 89
MILTON FL 32570

Mailing Address

9191 HWY. 89
MILTON FL 32570-9507

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

JONES, ALBERT L.
9191 HWY. 89
MILTON FL 32570

3. Date Incorporated or Qualified 09/27/1991	3a. Date of Last Report 02/14/1996
4. FEI Number 59-3091246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85	Zip Code

11. Pursuant to the provisions of Section s. 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: <i>Albert L. Jones</i>		Signature of registered agent or officer, director and title (Type or Print)	(NOTE: Registered Agent signature required when reinstating)	DATE:
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALBERT L.		12 NAME	
STREET ADDRESS	9191 HWY. 89		13 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: *Albert L. Jones* Albert L. Jones 1-12-96 904-626-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)