FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S86215

(8)

DOCUMENT #
1. Corporation Name

U.S. MACHINERY, INCORPORATED

Principal Place of Business Mailing Address						- 1 10831019 191 10110 01110 11391 11001	Att milit bi	art diğil dibli d	isan Biga (AB)
1635 7TH SW WINTER HAVE			1635 SW 7TH ST Winter Haven FL 33880 US						
US		US				3. Date Incorporated or Qualified			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	4		Applied For
21		26		· ··		59-3095033			Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State		·		Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	Zip 29	Cou	nt y		8. This corporation has liability for Florida Statutes X Yes	intangible	tax under s	199 032,
	9. Name and Address of Curre	L L	1301			10. Name and Address of New F		d Agent	
				81	Name				
	r, everett e				Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
	Fleet Crt Dale Fl 33823			83					
HODOM	DALL I L GOOLG			84	City			. 85 Z ₁	Code
					•		FI	L ` `	
or register	o the provisions of Sections 607 050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was authoriz	red by the c	νε -na οσ∙ρα	amed corpora pration's board	ation submits this statement for the pu u of directors. I hereby accept the app	rpose of cl ointrient a	hanging its r as registered	egistered office agent. Lam
SIGNATURE									
····	Signature, typed or printed harve of registered age		Hi Highwell 13.	A _i er I	கருவர். சிற் நேத்தை (ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	PS IN 12
12.	OFFICERS AI	ND DIRECTORS	111	- -	<u> </u>	ADDITIONS: GHANGES TO OTT	TOUR TOUR	Change	Addit on
NAME	TACKETT, EVERETT E	<u></u>	1.2 N/					_ ,	_
STREET ADDRESS	119 VAN FLEET CRT				ADORESS				
CITY-ST-ZIP	AUBURNDALE FL			1.4 CHY+ST- ZIP					
TITLE		☐ DELETE	2 1 1					☐ Change	Addition
NAME			2 2 N	AM:					
STREET ADDRESS			235	TREET :	ADDRESS				
CITY-ST-ZIP			240	(1Y - 51	1 - 21F				
TITLE		DELETE	3 1 1	III.				☐ Change	Addition
NAME			3 2 N	AM:	+				
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STREET ADDRESS			435	TREET.	ADDRESS				
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TITLE		DÉLETE	5 11					Change	☐ Addition
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CITY-ST-2IF		E the FT		ITY -ST	T-ZIP			Change	
TIFLE		DELETE	6 1 7						Addition
NAME			62 N						
STREET ADDRESS					ADDRESS				
City St. 7IP	I		640	iffy - Si	1 - ZiP				

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature shall have the same legal effect as if made under early, 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 13 if changed, or on an attachment with an address.

SIGNATURE: Euleg E. Janua SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 9412995196

CR2E034 (12/95)