

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V16361 (0)

1. Corporation Name

V. & M. MACHINING GENERAL TOOL WORKS, INC.

Principal Place of Business

428 CHARLESWOOD AVE
ORLANDO FL 32825

Mailing Address

428 CHARLESWOOD AVE
ORLANDO FL 32825



3. Date Incorporated or Qualified

02/21/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 214 N. Goldenrod Rd. S#7

26 Same

4. FEI Number

59-3110638

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando - FL

27 City & State

City & State

City & State

23 32807

28 Zip

Zip

Country

Zip

Country

24 25 ORANGE

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDOZA, VICTOR
428 CHARLESWOOD AVE
ORLANDO FL 32825

81 Name

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

83

84 City

FL

85 Zip Code

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 Victor J. Mendoza

Signature, typed or printed name of registered agent or officer if applicable

(If the Registered Agent's signature is required when registering)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME MENDOZA, VICTOR
STREET ADDRESS 428 CHARLESWOOD AVENUE
CITY-ST-ZIP ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE S
NAME MENDOZA, MARLENE
STREET ADDRESS 428 CHARLESWOOD
CITY-ST-ZIP ORLANDO FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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)(a), 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: Victor J. Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

407-273-0042

DATE

Daytime Phone #

CR2E034 (12/95)