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 # **V22302**

1. Corporation Name

DILLON & DILLON MACHINING, INC.

<u> </u>																				
Principal Place of Business Mailing Address												`~		73111 00	*********					
2311-A 63RD AV B-4 BRADENTON FL US		E	9397 SAN BERNADINO AVENUE ENGLEWOOD FL 34224 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed											
2. Principal Place of Business				2a. Mailing Address							4.	03/18/1992 4. FEI Number 65-0325863					Not		plied For t Applicable	
Suite, Apt.	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifca			tatus Desi	red		_	\$8.75 Fee	Add Requ		
City & State				City & State							6.						-	May Be I to Fees		
Zip	25	Country	29	Zip		30	Coun	try			8.	This corporation		e curre	ent yea		gible Yes]No	
. <u></u> ,	9. Name and	t Regi	Registered Agent							10.	Name and Ad	dress of	New R	Registe	red Ag	gent			1	
DICK	INSON, ROBE	ERT A.					L		Name		/5	<u> </u>			· hla				·	
460	s. Indiana a'							Street A	ddress (P.O. Box Number is Not Acceptable)											
ENG						83		·												
	•								City				-		-	FL		ip Co		
office or re	enistered agent.	s of Sections 607.050; or both, in the State of and accept the obligation	of Flor	ida. Suc	ch change wa	s autho	nzed	DV U	named corpor	orpora ation's	ation s bo	submits this s ard of directors	tatement f s. I hereby	or the accep	purpose of the ap	e of ch opointr	nanging ment as	its re regis	gistered stered	
SIGNATURE						_														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg									signature req	ured wi	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									{
12.		OFFICERS AN	אוט ס	DELETE			13.					ADDITIONS/CF	ANGES	O OF	FIGER		Chang		Addition	1 3
TITLE	Dillon, Brent J.			O DULETE			1.2 NAME									'		,-		
NAME STREET ADDRESS	9397 SAN B	ERNADINO AVE						1.3 STREET ADDRESS												5
CITY-ST-ZIP	ENGLEW00	D FL						.4 CITY-ST-ZIP									<u> </u>		Addition	غ ا
TITLE					☐ DELETE]	2.1 TITL	E	1								Chang	je	Addition	`
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NAME .			4. 2 N/																1	
STREET ADDRESS		-					4.3 STR	CEL !	ADDRESS											1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 of flustee 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 all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

THE REAL OF THE

CONTRACTOR SAME

STREET ADDRESS (S. 427) 3778 879

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ Change

Change

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90053 006 ***150.00

Addition

☐ Addition