

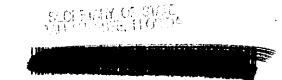
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V42418 1. Corporation Name DENNIS MACHINE COMPANY, INC	
Principal Place of Business	Mailing Address
6618 GEORGIA AVENUE West Palm Beach FL 33405	6618 GEORGIA AVENUE WEST PALM BEACH FL 33406

301..355 LK15: Po



						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 06/08/1992					
2	Principal Place of Business	2a.	Mailing Address			4. FEI Number	Т	Applied For			
21)	26				65-0340273		Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.					75 Additional ea Required			
23	City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees			
	Zip Country		Zip Cox	untry	,	a. This corporation owes the current year Intang	jiXie	_			
24	25	29	30			Personal Property Tax.	Yes	□No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DENNIS, HAROLD				B1				_			
6104 FAIRFIELD CIRCLE LAKE WORTH FL 33463-3051			82	Street Addre	ess (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	Signature, typed or previse name of registered agent and title if applicable	(NOTE: Re	gislared Agent signature re	quired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	☐ Addition
NAME	DENNIS, HAROLD		1.2 NAME				
STREET ADDRESS	6104 FAIRFIELD CIRCLE		1.3 STREET ADDRESS				
CITY-ST-21P	LAKE WORTH FL 33463		1.4 CiTy+ST-ZIP			<u> </u>	
TITLE	\$0	DELETE	21 TITLE			☐ Change	Addition
NAME	DENNIS, DORIS C		22 NAME				
STREET ADDRESS	6104 FAIRFIELD CIRCLE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463-3051		2.4 CITY-ST-ZIP				
TITLE		OELETE	31 TITLE	•		Change	Addition
NAME			32 NAME				į
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST-ZIP			····	
TITLE	c	DELETE	41 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.) STREET ADDRESS				
CITY-ST-ZIP			44 C/TY+ST-ZIP			··· · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	51TITLE			☐ Change	■ Addition
NAME			52 NAME			•	
STREET ADDRESS			5.3 STREET ADDRESS			NU^{-}	
CITY-ST-ZIP			54 CITY-ST-ZIP			(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N/A
TITLE] OELETE	61 TITLE			— ∕J'\Z□¢m@	Addition
NAME			6.2 HAME		÷	3, 7M	١ .
STREET ADDRESS			6.3 STREET ADDRESS			0) 1	
CITY-ST-ZIP			64 CITY-ST-ZIP		_		

14. Thereby 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 supplimental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

SIGNATURE:

SIGNATURE ANDTYPED ON PRINTED VANE OF SIGNEYS OFFICER ON DIRECTOR