

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 133823

**FILED
Oct 06, 2004
Secretary of State**

Entity Name: MADDOX FOUNDRY & MACHINE WORKS INC

Current Principal Place of Business:

100 MECHANIC STREET
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

100 MECHANIC STREET
ARCHER, FL 32618

New Mailing Address:

PO DRAWER 7
ARCHER, FL 32618

FEI Number: 59-0341021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARCHANT, MONTE M
824 SW 51ST WAY
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: MARCHANT, MONTE M
Address: 824 SW 51ST WAY
City-St-Zip: GAINESVILLE, FL 32607

Title: TS () Delete
Name: DELANEY, PAULA
Address: 75 SW 23RD WAY
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: EVANS, WILLIAM E
Address: 4530 SW 81ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: HOPE, FLETCHER
Address: PO BOX 177
City-St-Zip: ARCHER, FL 32618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTE M. MARCHANT

PM

10/06/2004

Electronic Signature of Signing Officer or Director

_____ Date