

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

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95 MAY 10 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



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

1996-1-96 B-

DOCUMENT # **521046** (3)

1. Corporation Name

**JONES SHEET METAL SHOP, INC.**



Principal Place of Business: **111 BRUNSON BLVD. COCOA FL 32922**  
Mailing Address: **111 BRUNSON BLVD. COCOA FL 32922**

3. Date Incorporated or Qualified: **12/28/1976**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **59-1709761**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**FIKE, WOODROW N.  
111 BRUNSON BLVD.  
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 printed name of registered agent and date of registration

(If the filer is a joint filer, a joint signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIKE, WOODROW N</b>	12 NAME	
STREET ADDRESS	<b>RT 4 BOX 895 B</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIKE, CAROLINE L</b>	22 NAME	
STREET ADDRESS	<b>RT 4 BOX 895 B</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

200001827702  
-05/17/96-04/18/95  
\*\*\*\$225.00 \*\*\*\$225.00

*Handwritten initials/signature*

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)(k), 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: *[Signature]* DATE: **1-26-96** TELEPHONE: **1-407-636-5896**

CR2E034 (12/95)