

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 # **625151** (6)

1. Corporation Name
TALLAHASSEE SCRAP METALS, INC.



Principal Place of Business: **STATE ROAD 12 B, P.O. BOX 887, HAVANA FL 32333**
Mailing Address: **STATE ROAD 12 B, P.O. BOX 887, HAVANA FL 32333**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
P.O. Box 887, Havana, Florida, 32333, U.S.A.

3. Date Incorporated or Qualified: **06/07/1979**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-2000259**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
WOOD, KENNETH W., LAKE FRANCES, HAVANA FL 32333

10. Name and Address of New Registered Agent
81 Name: **Clarence R., Sr. Wood**
82 Street Address (P.O. Box Number is Not Acceptable): **2561 Glover Road**
84 City: **Tallahassee, FL 85 Zip Code 32304**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Clarence R. Wood*

7/3/96

12. OFFICERS AND DIRECTORS
TITLE: **V** DELETE
NAME: **WOOD, CLARENCE R, SR**
STREET ADDRESS: **ROUTE 12 BOX 1156 2561 Glover Rd.**
CITY-ST-ZIP: **TALLAHASSEE, FL-00000 32310**
TITLE: **P** DELETE
NAME: **WOOD, KENNETH W**
STREET ADDRESS: **LAKE FRANCES**
CITY-ST-ZIP: **HAVANA, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: **President** Change Addition
12 NAME: **Clarence R., Sr. Wood**
13 STREET ADDRESS: **2561 Glover Road**
14 CITY-ST-ZIP: **Tallahassee, Fl. 32304**
41 TITLE: **500001891749** Change Addition
42 NAME: **-07/12/96--01012--017**
43 STREET ADDRESS: *****225.00**
51 TITLE: Change Addition
52 NAME: **BILLY D. REGISTER**
53 STREET ADDRESS: **CERTIFIED PUBLIC ACCOUNTANT**
54 CITY-ST-ZIP: **RT. 2 BOX 130 HAVANA, FLORIDA 32333**
63 STREET ADDRESS: **AVENUE NO. 59-6555155**

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: *Clarence R. Wood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-18-96
Date: 16-18-96
Double Print

CR2E034 (12/95)