## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F94370 1. Corporation Name

Principal Place of Business

OLD SAYBROOK METALS, INC.

16200 OLD U.S. 41 D-2		16200 OLD U.S. 41 D-2			٠			
FT. MYERS FL 33912		FT. MYERS FL 33912		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed 08/12/1982				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26		59-2205908		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status D	Desired	\$8.75	Additional -	
22				5. Certificate of Status C		Fee Re	equired	
City & State		City & State		6. Election Campaign F	inancing	\$5.00	May Be	
23		28		Trust Fund Contributi	ion	Added t	to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
24 25		29 30	29 30		Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent	_  _		10. Name and Address	of New Registere	d Agent	
<b>5114</b>	00H 1400V		81	Name	Edward	A. D.	ULLA	5
	SON, LARRY '4 SAN CARLOS BLVD.		82	Street Addr	ress (P.O. Box Number is No	ot Acceptable)	<del>, , , , , , , , , , , , , , , , , , , </del>	-
	E #202		83	122-	-1 5A110 NA	120 111	4 4	- 250
FT. I	MYERS BEACH. FL 33931		84	City	T MYERS B	LOS OFF	85 Zip	202 Code
			0-4	FOR	T MUERS B	each F	L   "   3	39.3/
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, th	e above	a-named corn	oration summits this stateme	nt for the purpose o	of changing its	registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was author ations of Septim 607.0505, Florida	ized by Statutes	the corporation	on's board of directors. I her	eby accept the app	ointment as re	gistered
	III lamillar gilli yand accept the con-		51010100	•				1
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable (NOTE: Regis	tered Agen	nt signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		<u>-</u>		☐ Change	Addition
NAME	LEA, GARRY L.		12 NAME					ļ
STREET ADDRESS	17213 ORIOLE RD.		1.3 STREET	TADORESS				
CiTY-ST-ZIP	FT. MYERS BEACH FL 33912	1.	1.4 CITY-S	T-ZIP				
TITLE	VST		2.1 TITLE				Change	☐ Addition
NAME.	LEA, NANCY J.		2.2 NAME					
STREET ADDRESS	17213 ORIOLE RD	1:	2.3 STREET	TADDRESS	•	_		
CITY-ST-ZIP	FT. MYERS FL 33912		2. 4 CITY-S	ST-ZIP			• •	
TITLE			3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		J.	3.2 NAME					ſ
STREET ADDRESS		1		T ADDRESS				
CITY-ST-ZIP		l l	3.4. CITY-S	ST-ZIP				
TITLE			4.1 TITLE		<del> </del>	<del></del>	Change	☐ Addition
NAME		_	4. 2 NAME					ſ
STREET ADDRESS				T ADDRESS				ľ
			4.4 CITY-S				,	
CITY-ST-ZIP			5.1 TITLE				Change	Addition
NAME			5.2 NAME					ļ
		1.	5.3 STREF	TADDRESS		Ř		į
STREET ADDRESS			5.4 CITY-S					ļ
CITY-ST-ZIP			6.1 TITLE	-			Change	Addition
TITLE			6.2 NAME				oogo	_ · ·
NAME				TANDRESS				}
STREET ADDRESS		i'	b.3 STREE	T ADDRESS				į

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 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.

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90164 028 \*\*\*150.00