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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H03457**

1. Corporation Name

SPECIALTY METALS, INC. Mailing Address Principal Place of Business % CHARLES A. COPLEY % CHARLES A. COPLEY 6433 EDGEWATER DR 6433 EDGEWATER DR DO NOT WRITE IN THIS SPACE ORLANDO FL 32810-1203 ORLANDO FL 32810-1203 3. Date Incorporated or Qualifed 05/09/1984 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2443440 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent COPLEY, CHARLES A. 82 Street Address (P.O. Box Number is Not Acceptable) 6433 EDGEWATER DR ORLANDO FL 32810 83 84 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 11 TITLE TITLE COPLEY, CHARLES A 1.2 NAME NAME 1157 VALLEY CREEK RUN 1.3 STREET ADORESS STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition C DELETE 2.1 TITLE ☐ Change TITLE HALLIDAY, DOUGLAS G 22 NAME NAME 4050 GOLFSIDE DR 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE HALLIDAY, ROSEMARY 3.2 NAME NAME 886 CRANES CT 3.3 STREET ADDRESS STREET ADDRESS MAITLAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 5.1 TITLE 7M7 F

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 officer or director of the corporation or the receiver of the block 12 or Block 13 if changed, or on an apparent and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP · ·

CITY-ST-ZIP

DELETE

FILED Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90005 012 ***150.00

☐ Change

Addition

CR2E034 (11/98)