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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB -8 AM 8:37

DOCUMENT # H40880 (7)

1. Corporation Name
S.B.S. PRECISION SHEET METAL, INC.

Principal Place of Business	Mailing Address
% MERRIL SHREWSBURY 4324 FORTUNE PLACE MELBOURNE FL 32904	% MERRIL SHREWSBURY 4324 FORTUNE PLACE MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1985
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2499872 ☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHREWSBURY, MERRIL
4324 FORTUNE PLACE
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: Effie L. Shrewsbury
82 Street Address (P.O. Box Number is Not Acceptable): 4324 Fortune Place
83
84 City: Melbourne FL 85 Zip Code: 32904

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: Effie L. Shrewsbury Effie L. Shrewsbury, President DATE: 2-3-95
(SIGNATURE AND TYPED OR PRINTED name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHREWSBURY, GARY D.	1.2 NAME	
STREET ADDRESS	1924 TYLER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	President ☒ Change ☐ Addition
NAME	SHREWSBURY, EFFIE L.	2.2 NAME	Shrewsbury, Effie L
STREET ADDRESS	600 AUBURN AVE.	2.3 STREET ADDRESS	600 Auburn Ave.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	DP	3.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	SHREWSBURY, MERRIL	3.2 NAME	Shrewsbury, Merril
STREET ADDRESS	600 AUBURN AVENUE	3.3 STREET ADDRESS	600 Auburn Ave.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Effie Louise Shrewsbury Effie L. Shrewsbury 2-3-95 (407) 957-7411
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) President (Title) (Date) (Daytime Phone #)

0007431 CP