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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	n Name			(6)									
300	in selviji	NOLE SHEET MET	IAL, IN	C.									
Principal Place	of Business			ailing Address		 -							
5450 S BRYANT AVE SANFORD FL 32773 US			1710	5450 S BRYANT AVE SANFORD FL 32773 US									
									3. Date Incorporated or Qualified 02/06/1987	3a. [Date of Last F 05/01/1		
2. Principal Pl	ace of Busin	ess	h	2a. Mailing Address					4. FE! Number	-L		Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2762111			Not Applicable	
22				27					5. Certificate of Status Desired	Ø	•	5 Additional	
City & State				City & State				6. Election Campaign Financing			Required May Be		
23				28					Trust Fund Contribution			od to Fees	
Zip 24	Country 25			Zip Count 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name	and Address of Curre	nt Regist	lered Agent		L.,			10. Name and Address of New Registered Agent				
FIFTING POWER D						81	Name						
FIELDS, RONALD D. 1242 CHEETAH TRAIL						82	Street	Addres	s (P.O. Box Number is Not Acceptable	e)			
WINTER SPRINGS FL 32708						83							
						84	City			F		p Code	
11. Pursuant to proper templer with	o the provisi	ons of Sections 607.050; both, in the State of Flori pt the obligations of, Sec	2 and 607 ida. Such	.1508, Florida Statut change was authoriz	es, the ab	corpo	anned or oration's	orporati board	on submits this statement for the purp of directors. I hereby accept the appo	oose of intment	changing its rate as registered	registered office	
SIGNATURE	, апа ассор	pr the obligations of, oec	11011 007.0	2005, Florida Statilites	••							_	
12.	Signature, typed	or printed name of registered agen	~~~		-		t signature i	required w	ten reinstating)	DATE			
TITLE	Р	OFFICERS AN	ID DIREC	DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFI	CERS A			
NAME	FIELD	S, RONALD D.		[] better		TITLE					Change	☐ Addition	
STREET ADDRESS	WINITED CODINIOS CI					1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP							
CITY-ST-ZIP													
TITLE	\$			☐ DELF 1E		TITLE	- 24	İ			Change	☐ Addition	
NAME		AP, DEAN			221	AME					Onungo	[_] ROOMON	
STREET ADDRESS		ONTICELLO				2.3 STREET ADDRESS							
CITY-ST-ZIP	ALTAN	MONTE SPRINGS FL				2 4 CITY-ST-ZIP							
TITLE				DELF1E	3. 1 3	TITLE					Change	Addition	
NAME					32 N	IAME							
STREET ADDRESS					3.3.5	STREET	ADDRESS						
CITY-ST-ZIP TITLE				Fig Notices		TY-ST	· ZIP				····		
NAME				DELETE	4.11						Change	☐ Addition	
STREET ADDRESS		•				AME						ļ	
CITY-ST-ZIP							ADDRESS						
TITLE				DELETE	5.11	ITY-ST	- 2119						
NAME					5. T C						☐ Change	☐ Addition	
STREET ADDRESS					- 1		address						
CITY-ST-ZIP						11Y-ST							
TITLE				☐ DELETE	6.1 T		2"				Change	Addition	
NAME					62 N	AME							
STREET ADDRESS					6.3 S	TREET A	DORESS						
CITY-ST-ZIP			• 100-22		6.4 C	ITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·				

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: RONALD D. FIELDS TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96 (407) 330-1720