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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **J56327**

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90138 022 ***158.75

 Corporatio 	n Name				
SOUTH	SEMINOLE SHEET METAL, I	NC.			
	/				<u> </u>
Principal Plac		Mailing Address		·	
5450 S BRYANT AVE 5450 S BRYANT AVE SANFORD FL 32773 SANFORD FL 32773					
SANFORD FL 32773 SANFORD FL 32773 US US				DO NOT WRITE IN TH	IIS SPACE
. ,				3. Date Incorporated or Qualifed	
				02/06/1987	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-2762111	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	<u> </u>	27			
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country		
	25	· ·	30	This corporation owes the current year Personal Property Tax.	XYes □No
24	9. Name and Address of Current			10. Name and Address of New Registers	ed Agent
	3. 112.112 2.112 1.124.125 3.		81 Name		
FIEL	.DS, RONALD D.		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
1242	2 CHEETAH TRAIL		62 Street Add	iless (P.O. Box Number is Not Acceptable)	
WINTER SPRINGS FL 32708			83		
	,		04 0"		85 Zip Code
	•		84 City	F	85 Zip Code
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	Registered Agent signature requirement 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, RONALD D.		1.2 NAME		
STREET ADDRESS			1,3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	···	1.4 CITY-ST-ZIP		
TITLE	SECRETARY?// TREASURER	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, EDDY JO		2.2 NAME		
STREET ADDRESS	1242 CHEETAH TRAIL		2.3 STREET ADDRESS	•	•
CITY-ST-ZIP	WINTER SPRINGS, FL		2.4 CITY-ST-ZIP		Change Addition
TITLE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.1 TITLE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		,
STREET ADDRESS	;		5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5,4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		-
STREET ADDRESS	5		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6,4 CITY-ST-ZIP		

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.

SIGNATURE: