

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90064 006 ***150.00

DOCUMENT # P94000006825

1. Corporation Name

MET PRO FABRICATION, INC.

Principal Place of Business

4320 HWY 60 W
MULBERRY FL 33860
US

Mailing Address

P OBOX 495
MULBERRY FL 33860
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

59-3228749

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2730 Old Hwy 60

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Mulberry, FL

24 33860 25 Polk

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RENTZ, ROBERT L
4320 HWY 60 W
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name Cline, Raymond E
82 Street Address (P.O. Box Number is Not Acceptable)
2730 Old Hwy 60
83
84 City Mulberry FL 85 Zip Code 33860

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 *Raymond E Cline*
Signature, typed or printed name of registered agent and title if applicable.

Raymond E Cline

4/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME RENTZ, ROBERT L JR
STREET ADDRESS 3965 DAVID DRIVE
CITY-ST-ZIP MULBERRY FL

TITLE D ☐ DELETE
NAME CLINE, RAYMOND E
STREET ADDRESS 3415 ARROWWOOD DRIVE
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Raymond E Cline*
Signature and typed or printed name of signing officer or director

4/19/99

Date

941-425-1476

Daytime Phone #

CR2E034 (1/1/98)