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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90042 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000011441

1. Corporation Name
KEYSTONE METAL FABRICATION, INC.



Principal Place of Business
 POST OFFICE BOX 77028
 JACKSONVILLE FL 32226-7028

Mailing Address
 POST OFFICE BOX 77028
 JACKSONVILLE FL 32226-7028

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/29/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3491055 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|---|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| F&L CORP. 200 LAURA STREET THIRD FLOOR JACKSONVILLE FL 32202 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box: Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PLATH, JAMES M | 1.2 NAME | LUCKENBAUGH, RAYMOND H. |
| STREET ADDRESS | POST OFFICE BOX 77028 | 1.3 STREET ADDRESS | POST OFFICE BOX 77028 |
| CITY-STATE-ZIP | JACKSONVILLE FL 32226-7028 | 1.4 CITY-STATE-ZIP | JACKSONVILLE FL 32226-7028 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENNINGTON, MARK A | 2.2 NAME | |
| STREET ADDRESS | POST OFFICE BOX 77028 | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | JACKSONVILLE FL 32226-7028 | 2.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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: James M. Plath **JAMES M. PLATH** 4-21-99 904-783-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)