FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **625151** **(6)**

1. Corporation Name

TALLAHASSEE SCRAP METALS, INC.

Principal Place of Business	Mailing Address
STATE ROAD 12 B P.O. BOX 887 HAVANA FL 32333	STATE ROAD 12 B P.O. BOX 887 HAVANA FL 32333

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 887
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Havana, Florida
Zip 24 / Country 25	Zip 29 32333 / Country 30 U.S.A.

3. Date Incorporated or Qualified: 06/07/1979
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-2000259 ☐ 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

9. Name and Address of Current Registered Agent

WOOD, KENNETH W.
LAKE FRANCES
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name: Clarence R., Sr. Wood
82 Street Address (P.O. Box Number is Not Acceptable): 2561 Glover Road
83
84 City: Tallahassee, FL 85 Zip Code: 32304

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: [signature] DATE: 7/3/96

12. OFFICERS AND DIRECTORS		
TITLE	V	☐ DELETE
NAME	WOOD, CLARENCE R, SR	
STREET ADDRESS	~~ROUTE 12 BOX 1156~~ 2561 Glover Rd.	
CITY-ST-ZIP	TALLAHASSEE, FL ~~00000~~ 32310	
TITLE	P	☒ DELETE
NAME	WOOD, KENNETH W	
STREET ADDRESS	LAKE FRANCES	
CITY-ST-ZIP	HAVANA, FL 00000	
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	President	☒ Change ☐ Addition
1.2 NAME	Clarence R., Sr. Wood	
1.3 STREET ADDRESS	2561 Glover Road	
1.4 CITY-ST-ZIP	Tallahassee, Fl. 32304	
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	500001891745	☐ Change ☐ Addition
4.2 NAME	-07/12/96--01012--017	
4.3 STREET ADDRESS	***225.00	
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		

BILLY D. REGISTER
CERTIFIED PUBLIC ACCOUNTANT
RT. 2 BOX 130
HAVANA, FLORIDA 32333
I.D. NO. 59-6555155

7-11-96

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: [signature] 6-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)