

02/21/2006

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ATOZ-MGT. ACCTS PAYABLE → 190476461

FILED

Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 007 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 171195

1. Entity Name
FLORIDA SCREW & BOLT COMPANYPrincipal Place of Business
5438 VERNON RD
JACKSONVILLE, FL 32209Mailing Address
144 INDUSTRIAL DR.
BIRMINGHAM, AL 35211

40061070



02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-0886011		Applied For Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
BETHEL, MIKE 5438 VERNON RD JACKSONVILLE, FL 32209				Name: Linda Chapman Street Address (P.O. Box Number is Not Acceptable): 5438 Vernon Road City: Jacksonville FL Zip Code: 32209			
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: Linda C. Chapman				Linda Chapman 2/21/06			

FILE NOW! FEB 19 \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAL, NICK 5438 VERNON RD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTON, J.M. 144 INDUSTRIAL DR. BIRMINGHAM, AL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEILDING, FLETCHER 144 INDUSTRIAL DR. BIRMINGHAM, AL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *F. Yeilding*

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

Date

Daytime Phone

(205) 949-4105