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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 186730

(8)

FLORIDA SHEET METAL WORKS, INC.

FILED Feb 27 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address			i fabliat istali totia blist ikans siste ober dibit bibts sibis bidis dibit asbu ordis			
BOX 295 115 E.JENNINGS ST. 115 E.JENNINGS ST. TALLAHASSEE FL 32302 TALLAHASSEE FL 32302-029			2.0205					
			· OLTO		3. Date Incorporated or Qualified	3a. Date o	I Last Re	port
					07/22/1955	03/30/	1996	
2. Principa (	Place of Business	2a. Mailing Address			4. FEI Number			plied For
1		26			59-0753760		No	t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		dditional
27		····		G. Certificate of Status Deales		Fee Re	quired	
City & Sta	īc	City & State			6. Election Campaign Financing		\$5.00	
3		28			Trust Fund Contribution		Added t	o Fees
- <b>Ζ</b> φ	Country	Zip	Country	¥	8. This corporation has liability for			199.032,
4	25	29	30			Yes N		
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Re	gistered Age	nt	
NE	ttles, ronald j		81	Name				
1504 SHÁRON ROAD TALLAHASSEE FL 32303				Street Add	ddress (P.O. Box Number is Not Acceptable)			
			63	i				
			84	City		8	<b>5</b> Zip (	Code
				],		FL ∣°		
SIGNATURE	am familiar with, and accept the ob-				uired when reinstaling)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DI	RECTOR	S IN 12
TITLE	PD	☐ DELETĘ	1.1 TITLE				Change	Additio
NAME	NETTLES,RONALD J		1.2 NAME					
STREET ADORESS	1504 SHARON RD.		1.3 STREE	T ADDRESS				
CiTY+S1-2iP	TALLAHASSEE FL		1.4 CITY -	ST-ZIP				
TIME		☐ DELETE	2.1 TITLE				Change	Addition Addition
NAME			2 2 NAME					
STREET ADDRESS			2 3 STREE	T ADDRESS				
CITY-ST-2IF	,		2 4 CITY-	ST-ZIP				
THTLE		☐ DELETE	31 TITLE				Change	Additio
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CHY+\$1+7or			34. CITY	ST-ZIP				
T-TLE		DELETE	4.1 TITLE				Change	Addition Addition
NAME			4. 2 NAM	<u> </u>				
STREET ADDRESS			4.3 STREE	T ADORESS				
DITY 61 25			A A CITY	מוכ זיי				

City-St-ZiP

14. I do nereby 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 indicates 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 of 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 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Blo

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**SIGNATURE** 

Inte

NAME

Hef

NAMe

STREET ADDRESS

STREET ADOLESSA

CITY - \$1 - 74P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

DELETE

2-25-97

(904) 222-1050

Daytime Phone

Change

Change

☐ Addition

Addition