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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCH		Lauren 1	OF CORPORATIONS			
	MENT # 3243 3	34 (2)				
Corporatio GENER	RAL SHEET METAL, INC.	()				
Principal Place	of Business	Maiting Address		a industrial frith dance frith dillit	ı mını biğir bibir dilili fillif bi	HOM DIDIL HORE
949 AVE "E" PO BOX 10083 RIVIERA BEACH FL 33404		1240 FAIRVIEW LANE RIVIERA BEACH FL 33404 US				
				3. Date Incorporated or Qualified 12/18/1967	3a. Date of Last Rep 02/03/1995	
t. Principal Pi	ace of Business	2a. Mailing Address 26		4. FEt Number 59-1206527	A	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	r) \$5.00	May Be
<i>Z</i> ip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 1	to Fees 99.032,
1	9. Name and Address of Curre	29 29 ent Registered Agent	30	Florida Statutes S Yes 10. Name and Address of New F	No	
		- Hogistoloo Agoin	81 Name	IV. Hame and Address of New F	iegisterea Agent	
WOODS,NATALIE 1240 FAIRVIEW LANE			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	BEACH FL 33404		83			
			84 City		FL 85 Zip 0	Code
1. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the above-named corro	oration submits this statement for the pur		nintarad affice
th register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	mua. Succi chance was annor	IZRO DV TOR COYDOYATION'S DO	ard of directors. I hereby accept the app	ointment as registered a	gent. I am
MONIAGE			20.			
	Signature, typind or printed marile of registered ago		NOTE: Registered Agent signature requir	red when reinstating)	DATE	
2.	OFFICERS A	ND DIRECTORS	VOTE: Registered Agont signature requir	red when reinslandi ADDITIONS/CHANGES TO OFF		S IN 12
2. ILF	OFFICERS A		NOTE: Registered April signature requirements		ICERS AND DIRECTOR	S IN 12
2. ILF	OFFICERS AT WOODS,NATALIE	ND DIRECTORS	NOTE: Registered Appent signature require 13. 1.1 THLE 1.2 NAME		ICERS AND DIRECTOR	
2. ILF IMF RELITADORESS	OFFICERS AT PD WOODS,NATALIE 1240 FAIRVIEW LANE	ND DIRECTORS	NOTE: Registered Agont signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTOR	
2. ILF IMF RELFADDRESS IY-S1-Z-P	OFFICERS AT WOODS,NATALIE	ND DIRECTORS	NOTE: Registered Agont signature requit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ICERS AND DIRECTORS Change	☐ Addition
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