## 4-10-97 B-4370 C 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 # 334678

(0)

TAMPA BAY SHEET METAL CORPORATION

	J	FILEL	)
Apr	10	1997	8:00am
Se	cre	tary o	f State

Principal Place of Business Mailing Address								
9004 ESTHEL R TAMPA FL 3363		P O BOX 15387 TAMPA FL 33684-5387						
US		US			3. Date Incorporated or Qualified 09/09/1968	3a. Date of La		
2. Principal P	lace of Business	2a. Mailing Address	*****		4. FEI Number		Applied For	
21		26			59-1218611		Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, 1 22 27			etc.		5. Certificate of Status Desired			
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zιp	Country	Zip	Countr	у	8. This corporation has liability for	r intangible tax und	der s. 199.032,	
24	25	29	30			Yes 🔀 No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Agent		
DOW	VDY, FRED O		81	Name				
	ESTHEL RD		82	Street Add	ress (P.O. Box Number is Not Accepta	ıble)		
	PA, FL				( ) = (			
3361			63					
			84	City		FL 85	Zip Code	
11. Parsuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	tes, the above	re-named corr	poration submits this statement for the tion's board of directors. I hereby acce		ina its registered	
SIGNATUR		d agent and the dipplicable. (NC	red	0. De	Ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	TOPS IN 12	
1016	PSDC	AND DIRECTORS  DELETE	1.1 TITLE	····	ADDITIONS/CHANGES TO OFF	Cha		
NAME	DOWDY, FRED O	בן מננינ	1.2 NAME			Olia	iige 🗀 Addition	
STREET ADDRESS	9004 ESTHEL RD			T ADDRESS				
CHY-ST ZIF	TAMPA FL							
1011-51 ZII	I I AMILY I P	DELETE	1.4 CITY - 2.1 TITLE	51-7Ir		Cha	inge Addition	
NAME	[		2.2 NAME	Ì				
STREET ADDRESS				T ADDRESS				
CHY-ST ZIF			2. 4 CITY					
Titt		DELETE	3.1 TIVLE	<u></u>		☐ Cha	inge Addition	
NAME			3 2 NAME	- }-				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY ST-ZIP			3.4. CITY	ST-ZIP				
TIIL€		DELETE	4.1 TITLE			☐ Cha	inge Addition	
NAME			4. 2 NAM	: 1				
STREET ADDRESS			4.3 STREE	T ADDRESS				
COTY - ST - ZIP			4.4 CITY-	ST-ZIP				
THLE		DELETE	5.1 TITLE			☐ Cha	inge Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY - \$1 - 719			5.4 CiTY-	ST-ZIP_		<u></u>		
Title		☐ DELETE	6.1 TITLE			Cha	inge Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREE	T ADDRESS				
GHY-ST 20€			6.4 CITY	ST - ZIP				

14. I do horetry 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 and cated 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 AND TYPED OF PARTED NAME OF SECURITY OF DIRECTOR Date Day of Day of