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

FILED Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 345199 (4) JAMES METALS, INC. Principal Place of Business Mailing Address 2065 GENTRY ST 2065 GENTRY ST CLEARWATER FL 34625 **CLEARWATER FL 34625** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1969 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1258075 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ₽ No 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name O'MALLEY, RICHARD S. 217 N. GROVE CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 **DUNEDIN FL 34698** вэ 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change ☐ Addition O'MALLEY, RICHARD S. NAME 1.2 NAME 217 N. GROVE CIR. 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE O'MALLEY, KAREN S. 22 NAME NAME 217 N. GROVE CIR. 2.3 STREET ADDRESS STREET ADDRESS **DUNEDIN, FL 00000** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition 6.1 TITLE TITLE

14. Thereby certify that the information supplied with this billing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is supplied with this billing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is supplied under oath; that I am an officer or director of the corporation or the receiver or trusted 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:

When S Officer or MALLEY PRES 3-2-98 813-797-0366

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP