FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 13 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 445089 (6)

1. Corporation Name
TROPICAL SHEET METAL COMPANY, INC.

Principal Place of Business	Mailing Address
4205 N. WESTSHORE BLVD. PO BOX 15853 TAMPA FL 33684	4205 N. WESTSHORE BLVD. PO BOX 15853 TAMPA FL 33684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1974
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1511663 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALEM, ALBERT M JR
4600 W. KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: Albert M Salem C.E.O. Ralph R. Walker C.E.O. March 8, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE		☒ Change ☐ Addition
NAME	WALKER, SHIRLEY F	1.2 NAME		
STREET ADDRESS	3315 LEILA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	33611	
TITLE	CD	2.1 TITLE		☐ Change ☒ Addition
NAME	WALKER, RALPH R	2.2 NAME		
STREET ADDRESS	3315 LEILA AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	33611	
TITLE	P	3.1 TITLE		☐ Change ☒ Addition
NAME	CRANE, DAVID L.	3.2 NAME		
STREET ADDRESS	5616 SHERIDAN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33611	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	WOODFORD, RAYMOND W	
STREET ADDRESS		4.3 STREET ADDRESS	3923 APPLEGATE CIRCLE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Albert M Salem Ralph R. Walker, C.E.O. March 8, 1995 (813) 879-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444800 FP