PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90094 005 ***150.00

DOCUMENT # 533548

1. Corporation Name

INDUSTRIAL MATERIALS CORPORATION

11400311	HAL WATERIALS COM OF	IIAHON								
Principal Place	e of Business	Mailing Address						#1881 141 BISH	M1812 B1811 M1811	P1896 WENCE 1881
20 CORDOVA S ST. AUGUSTINE		20 CORDOVA ST. ST. AUGUSTINE F US	EL 32064				DO NOT W	RITE IN THI	S SPACE	
US		03				3. Date I	ncorporated or Qualife	ed	***	
						05/1	1/197 <u>7</u>			
2. Principal Pr	lace of Business	2a. Mailing Addre	ess			4. FEI N			Ar	plied For
21		26				59-1	741 <u>915</u>		 _	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5 Certifo	ate of Status Desired		\$8.75	
22		27						<u></u>		equired
City & State	e	City & State				1 -	on Campaign Financin	9 🗆	\$5.00 Added	May Be
23		28 Zip		Country			Fund Contribution			io rees
Zip	Country 25	⊢ , ·	30	3			orporation owes the c nal Property Tax.	urrent year ii	ntangible ☐ Yes	□No
24	9. Name and Address of Curi	[29]		'1			and Address of Nev	v Registered		
	3. Name and Address of Can	tent (tegisteres rigent		81	Name					
T00)L,H. RAYMOND					411 - (5.0.5)	No. No. No. No. Acces	-table)		
20 C	CORDOVA ST.			82	Street	Address (P.O. Bo	x Number is Not Acce	ptable)		
ST.	AUGUSTINE FL 32084			83	-			<u>-</u>		
									Top 7in	 -
				84	City			F	85 Zip	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ate of Florida, Such chang				aration's based of	directors. I becoby ac-	cent the anni	ointment as re	aistered
agent. I a	ım familiar with, and accept the obl	ligations of, Section 607.0	J5U5, Florida	a Statutes	the corp			DATE		
agent. I a	im familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable.	J5U5, Florida	a Statutes	the corp	required when reinstating)	DATE		
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CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE: