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

**PROFIT** 

SIGNATURE

Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 597687 (3) ORLANDO ART METAL, INC. Principal Place of Business Mailing Address 7720 HIGHWAY 100 7720 HIGHWAY 100 P.O. BOX #885 P.O. BOX #885 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1877249 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 23 26 П Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATTHEWS, MARY C. Name 7720 HWY 100 EAST Street Address (P.O. Box Number is Not Acceptable) KEYSTONE HEIGHTS (MH) FL 32658 83 City 84 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition MATTHEWS, MARY C. NAME 1.2 NAME 7720 HWY 100, BOX 885 STREET ADDRESS 1.3 STREET ADDRESS KEYSTONE HIGHTS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME MATTHEWS, BARBARA J. 22 NAME STREET ADDRESS 7720 HWY 100, BOX 885 2.3 STREET ADDRESS KEYSTONE HIGHTS FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE ARNETTE, BETTY NAME 3.2 NAME 13607 S.E. 9TH PLACE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL 32641** CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition | NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ☐ DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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.

FILED