FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

711998

(5)

SHEETMETAL LOCAL 130 BUILDING CORP., INC.

Principal Place o	of Business	Mailing Address					
1003 BELVEDE WEST PALM B	RE RD. JEACH FL 33405	1003 BELVEDERE RD. WEST PALM BEACH F					
					3. Date Incorporated or Qualified 12/22/1966	3a. Date of Last 02/01/19	
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number 59-1737356	→	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 - 1	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	L.J Adde	D May Be d to Fees
Zip	Country 25	Zip 29	30 Cou	intry	Tioned Cibicio	Yes 🗌 No	199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
HUDSPETH, ROGER L., SR. 1003 BELVEDERE RD.				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33405				83			
				84 City		FL BS Z	Code
SIGNATURE 12.		D DIRECTORS	13.	Agent signature require	id when reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE	STD			ITLE	Change Addition		Addition
NAME	HUDSPETH, ROGER L		1.2 N	1			
STREET ADDRESS	1003 BELVEDERE RD. W PALM BEACH, FL 00000			TREFT ADDRESS			
CITY-ST-ZIP	PD PALM BEACH, PL 00000	DELETE	1.4 C 2.1 T	ITY-ST-ZIP		Change	☐ Addition
TITLE NAME	RENEAU, JAMES		22 N				
STREET ADDRESS	295 W SHADYSIDE CIR			TREET ADDRESS			
CHTY - ST-ZIP	W PALM BEACH, FL 00000		2.41	CITY-ST-ZIP			
TITLE	D	DELETE	3.1 7	1		Change	☐ Addition
NAME	PARKER, GUY G. 104 SANTANDER CT.			IAME			
STREET ADDRESS	ROYAL PALM BCH FL			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VD	DELETE	4.1 7			☐ Change	☐ Addition
NAME	WILLIAMS, RAYMOND L.		4. 2	NAME	80000173	3898	
STREET ADDRESS	242 LAKE ARBOR DRIVE		4.3 5	STREET ADDRESS	80000 17 3 -03/06/36010	26014	
CITY-ST-ZIP	PALM SPRINGS FL			CITY-ST-ZIP	<u>***61.25</u>		Addition
TIFLE		DEFELE	511			☐ Change	☐ Young)
NAME				NAME STREET ADDRESS			
STREET ADDRESS				CITY - ST - ZIP			
CHTY-ST-ZIP TITLE		DELETE		TITLE		Change	Addition
NAMÉ			6.21	NAME			
STREET ADDRESS			63	STREET ADDRESS			
CITY CT 710			641	CITY-ST-ZIP		07(2)(A) E) (1) (C)	4 16 -4
certify tha		nual report or supplemental a loration or the receiver or trut	innuai report stee empow		for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 617, Fk		

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER CHASISPORTIN, ST. STD

2/29/96