

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 840990

(6)

1. Corporation Name

METAL TREATING INSTITUTE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:59

Principal Place of Business

302 3RD ST. STE 1
NEPTUNE BEACH FL 32266-5130
US

Mailing Address

302 3RD ST. STE 1
NEPTUNE BEACH FL 32266-2138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1978
3a. Date of Last Report 04/22/1994
4. FEI Number 13-6089629
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, M LANCE
302 3RD ST. STE 1
NEPTUNE BEACH FL 32233

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CULP, HENRY
STREET ADDRESS	380 RED LION RD
CITY - ST - ZIP	HUNTINGDON VALLEY PA
TITLE	VP
NAME	WILFRED, SHEDD
STREET ADDRESS	3715 EAST WASHINGTON BLVD
CITY - ST - ZIP	FORT WAYNE IL
TITLE	T
NAME	KEERAN, ROGER
STREET ADDRESS	7316 DURAND AVE
CITY - ST - ZIP	STURTEVANT WI
TITLE	EDS
NAME	MILLER, M LANCE
STREET ADDRESS	302 3RD ST. STE 1
CITY - ST - ZIP	NEPTUNE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☒ Change ☒ Addition
1.2 NAME	J. Frank Clark	
1.3 STREET ADDRESS	6640 Mayard	
1.4 CITY - ST - ZIP	Houston, TX	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Executive Vice President	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or (Block 13 if change) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

M. Lance Miller

2/7/95 (904) 249-0448
Typed Name