

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **840990**

(6)

1. Corporation Name

METAL TREATING INSTITUTE INC.



Principal Place of Business

Mailing Address

**302 3RD ST. STE 1
NEPTUNE BEACH FL 32266-5138
US**

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

3. Date Incorporated or Qualified
06/30/1978

3a. Date of Last Report
02/10/1995

2. Principal Place of Business
21 **1550 Roberts Drive**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1550 Roberts Drive**
Suite, Apt. #, etc.

4. FEI Number
13-6089629
Applied For
Not Applicable

22 City & State
23 **Jacksonville Beach, FL**
24 Zip **32250-3222** 25 Country **USA**

27 City & State
28 **Jacksonville Beach, FL**
29 Zip **32250-3222** 30 Country **USA**

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

10. Name and Address of New Registered Agent

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

new address →

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1550 Roberts Drive
83
84 City **Jacksonville Beach** FL 85 Zip Code **32250**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *M. Lance Miller*

M. Lance Miller

1/30/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CLARK, J. FRANK	
STREET ADDRESS	6640 MAYARD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILFRED, SHEDD	
STREET ADDRESS	3715 EAST WASHINGTON BLVD	
CITY-ST-ZIP	FORT WAYNE IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEERAN, ROGER	
STREET ADDRESS	7316 DURAND AVE	
CITY-ST-ZIP	STURTEVANT WI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, M LANCE	
STREET ADDRESS	302 3RD ST. STE 1	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	4000001753701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	-03/22/96 -01013-018	
3.3 STREET ADDRESS	***61.25	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1550 Roberts Drive	
4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250-3222	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NORMAN GRAVES	
5.3 STREET ADDRESS	450 NORTH ESTILL AVENUE	
5.4 CITY-ST-ZIP	Richmond, Ky 40476	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Lance Miller* **M. LANCE MILLER**

1/30/96

(404) 249-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)