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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840990 (6)

1. Corporation Name

METAL TREATING INSTITUTE INC.

Principal Place of Business

Mailing Address

1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US3. Date Incorporated or Qualified
06/30/19783a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

13-6089629

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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
1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T/P ☒ DELETE
NAME CLARK, J. FRANK
STREET ADDRESS 8640 MAYARD
CITY - ST - ZIP HOUSTON TX1.1 TITLE VP/Pres. Elect ☒ Change ☐ Addition
1.2 NAME Roger Fabian
1.3 STREET ADDRESS 675 Christian Lane
1.4 CITY - ST - ZIP Berlin, CT 06037TITLE T/P ☐ DELETE
NAME GRAVES, NORMAN
STREET ADDRESS 450 NORTH ESTILL AVENUE
CITY - ST - ZIP RICHMOND KY 404762.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME KEERAN, ROGER
STREET ADDRESS 7316 DURAND AVE
CITY - ST - ZIP STURTEVANT WI3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE TP ☐ DELETE
NAME MILLER, M LANCE
STREET ADDRESS 1550 ROBERTS DRIVE
CITY - ST - ZIP JACKSONVILLE BEACH FL 32250-32224.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)