

DOCUMENT # 840990  
1. Entity Name  
METAL TREATING INSTITUTE INC.

FILED  
Jan 09, 2001 8:00 am  
Secretary of State

01-09-2001 90015 029 \*\*\*\*61.25

Principal Place of Business  
1550 ROBERTS DRIVE  
JACKSONVILLE BEACH FL 32250-3222  
US

Mailing Address  
1550 ROBERTS DRIVE  
JACKSONVILLE BEACH FL 32250-3222  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 13-6089629  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLER, M LANCE  
1550 ROBERTS DRIVE  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	GRAVES, NORMAN S	450 N. ESTILL AVE	RICHMOND KY 40476-0280	<input type="checkbox"/>
T	HUBBARD, JOHN	10543 DORIC ST.	DALLAS TX 75220	<input type="checkbox"/>
V	MILLER, M LANCE	1550 ROBERTS DRIVE	JACKSONVILLE BEACH FL 32250-3222	<input type="checkbox"/>
TP	PETERS, J. DOUGLAS	215 RACE STREET	MEADVILLE PA 16335	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	Harry Hall	18 Kerr Cresent, R.R. #3	Guelph, Ontario, Canada N1H 6H9	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: S. J. Miller M. Lance Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/4/01 Daytime Phone #: (904) 249-4448

CR2E037 (10/00)