

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90049 032 ****61.25

DOCUMENT # 840990

1. Entity Name

METAL TREATING INSTITUTE INC.



Principal Place of Business

1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US

Mailing Address

1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250-3222
US

94015063



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MILLER, M LANCE
1550 ROBERTS DRIVE
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME GRAVES, NORMAN S
STREET ADDRESS 450 N. ESTILL AVE
CITY-ST-ZIP RICHMOND KY 40476-0280

V ☐ Delete
NAME MILLER, M LANCE
STREET ADDRESS 1550 ROBERTS DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250-3222

T ☐ Delete
NAME DOMINY, HARVEY
STREET ADDRESS 428 DODSON LAKE DR
CITY-ST-ZIP ARLINGTON TX 76012

P ☒ Delete
NAME REGER, JOHN
STREET ADDRESS 711 E. SECOND ST.
CITY-ST-ZIP DAYTON OH 45402

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Change ☒ Addition
NAME Roger A. Jones
STREET ADDRESS 1969 Clearview Rd.
CITY-ST-ZIP Souderton, PA 18964-0476

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 21, 2004

904/249-0448

Date

Daytime Phone #