2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003710

1. Entity Name
HINKLE METALS & SUPPLY CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 11441 BIRMINGHAM, AL 35202	P.O. BOX 11441 BIRMINGHAM, AL 35202

02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0791996
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VICKERS, SHAWN
490 HEINBERG ST
PENSACOLA, FL 32505

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HINKLE, F. HUNTER JR.
STREET ADDRESS	1416 ST. JAMES CT.
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VCV
NAME	HINKLE, PHILLIP E
STREET ADDRESS	5124 CLUBRIDGE DR.
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	DT
NAME	CAIN, STEPHEN L
STREET ADDRESS	4208 STONE RIVER CIRCLE
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	DS
NAME	SIEGELMAN, LESLIE B
STREET ADDRESS	3377 OVERBROOK RD.
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/06-80034-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: _____ 2/27/06 205-326-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #