

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F13600**
1. Corporation Name
NATIONAL METALS CORPORATION

(4)

RECEIVED
MAY 11 1995

REGISTERED OFFICE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 6233
CLEARWATER FL 34624

Mailings Address
P.O. BOX 6233
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reincorporated 01/05/1981	3a. Date of Last Report 04/22/1994
4. FET Number 59-2052783	Applied For Not Applicable
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. 190.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. 1480 Country Oaks Lane State: FL	2a. Mailing Address 26. 1480 Country Oaks Lane State: FL
22. Clearwater City & State City: Clearwater State: FL	27. Clearwater City & State City: Clearwater State: FL
24. 34624 Zip Country: USA	29. 34624 Zip Country: USA

9. Name and Address of Current Registered Agent
KUTCH, JOHN C
1480 COUNTRY OAKS LANE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 867.05(2) and 867.15(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am not aware of and accept the obligation of, Section 867.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME VCD	NAME SCHROEDER, JAMES A	NAME VCDT	NAME SCHROEDER, JAMES A
STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD
CITY ST PETERSBURG	CITY ST PETERSBURG	CITY ST PETERSBURG	CITY ST PETERSBURG
STATE FL	STATE FL	STATE FL	STATE FL
ZIP 33707	ZIP 33707	ZIP 33707	ZIP 33707
NAME TD	NAME SCHROEDER, PATRICIA E	NAME TD	NAME SCHROEDER, PATRICIA E
STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD	STREET ADDRESS 1912 DOLPHIN BLVD
CITY ST PETERSBURG	CITY ST PETERSBURG	CITY ST PETERSBURG	CITY ST PETERSBURG
STATE FL	STATE FL	STATE FL	STATE FL
ZIP 33707	ZIP 33707	ZIP 33707	ZIP 33707
NAME PS	NAME KUTCH, JOHN C	NAME PS	NAME KUTCH, JOHN C
STREET ADDRESS 1480 COUNTRY OAKS LANE	STREET ADDRESS 1480 COUNTRY OAKS LANE	STREET ADDRESS 1480 COUNTRY OAKS LANE	STREET ADDRESS 1480 COUNTRY OAKS LANE
CITY CLEARWATER	CITY CLEARWATER	CITY CLEARWATER	CITY CLEARWATER
STATE FL	STATE FL	STATE FL	STATE FL
ZIP 34624	ZIP 34624	ZIP 34624	ZIP 34624

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for Chapter 190, Florida Statutes. I further certify that the information included in 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 officer or director empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Book 17 of the Florida Department of State's public records with an affidavit.

SIGNATURE: John C. Kutch **JOHN C. KUTCH** 4/29/95 (813)327-5118