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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name (2)										
WAYN	IE METAL PRODUCTS, I	NC.					I (A BERAR DIVE LA CAR BERARA BER	iia idii kirka	JANDI OLONI OL	# ###################################
Principal Place	of Business		ailing Address							
5461 BENCHMARK LANE			5461 BENCHMARK LANE							
SANFORD FL 32773			SANFORD FL 32773							
							3. Date Incorporated or Qualified 04/06/1982		of Last F	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For				
Suite, Apt #, etc.			Suite Apt #, etc			59-2180982 Not Applicable				
22]				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zip			7 p Co		Country		Rest Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032,			
24	25		30		F		Florida Statutes 🔲 Yes 🖼 No			
	9. Name and Address of Cur	rent Regis	tered Agent		1		10. Name and Address of New R	egistered	Agent	
HOLVIC	O WAYNE I			81	Nar	ne				
HOLMES, WAYNE J 5461 BENCHMARK LANE			82 St			et Addre	ess (P.O. Box Number is Not Acceptab	le)		
I DENOTIFIED DUTE				83			*			
SANFORD FL 32771				84 City					85 Zi	p Code
44 6	10				· '			<u>FL</u>	.	
familiar with	othe provisions of Sections 607.05 od agent, or both, in the State of FI h, and accept the obligations of, S				nameç Joratio	Leorpora n's board	ation submits this statement for the puri d of directors. Thereby accept the appo	pose of cha pintment as	.nging its r registered	registered office Lagent, Lam
SIGNATURE _	Bignative liggest or printed name of key stead as	podávistentá	u considér d'éc	OF Boundary Apr	of second	ate technicus	Material Control of the Control	EA'E		
12.	OFFICERS /	and direc		13.			ADDITIONS/CHANGES TO OFFI		DIFECTO	DRS IN 12
TITLE	PD		_		1 TITLE				Change	Addition
NAME PTOTAL ADDRESS	AME HOLMES, WAYNE J THEET ADDRESS 385 BUSH HILL CT				1 2 NAME					,
CITY-ST-ZIP	1 11/5 11/5 51				1.3 STREET ADORESS 1.4 City - St - Zip					
TITLE	VST		D€LETE	2 1 [[].[21 - 21F	-			Change	ncitibbA
NAME	HOLMES, GLEN R		_	2.2 NAME	2.2 NAME				_1	7.00.1(19)
STREET ADDRESS			2		2.3 STREET ADDRESS					
CITY - ST - ZIP					2.4 CITY - \$1 - 7/P					
TITLE	D DOLLARS OLEM D		[]] DELFTE	3 1 TI*LE					Change	☐ Addition
NAME STREET ADDRESS				3.2 NAME						
	CITY-S1-2IP LAKE MARY FL				I ADORE	88				
THLE					3.4 City-St. ZiP 4.1 Title			г	1 Change	☐ Addition
NAME				4.2 NAME				L	_ Change	
STREET ADDRESS				4.3 STREET	ADDRES	SS .				
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STREET ADDRESS				5 3 STREET		iS				
CITY - ST - ZIP TITLE			E) bottu	5 4 CITY - 5	1 - 21P					
NAMÉ			DELETE	6 1 TITLE) Change	Addition
STREET ADDRESS				6 2 NAME	#DDDC:					
CITY-S1-ZIP				6.3 STREET ADDRESS 6.4 City - St - Zip						
				94007-8	11 - ZIP	1				1

14. Ido hereby certify that the information supplied with this fitting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR