FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F75359 1. Corporation Name

WAYNE METAL PRODUCTS, INC.

· <u>·</u>										
Principal Place of Business Mailing Address					l					
5461 BENCHMARK LANE 54		5461 BENCHMARK LANE	61 BENCHMARK LANE							
SANFORD FL 32773 SANFORD FL 32773						DO NOT WRITE IN THIS SPACE				
					í	3. Date Incorporated or Qualifed	IN THIS SPACE			
						04/06/1982 4. FEI Number	———т	TAnn	ied For	
2. Principal Pl	ace of Business	2a. Mailing Address					-	+ * *	Applicable	
!1		26				<u>59-2180982</u>	60	-	Iditional	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	T -	e Req		
		27								
City & State		 	City & State			 Election Campaign Financing Trust Fund Contribution 	1 1 7	.00 M		
23	0	28	Count					ueu io	1.662	
Zip	Country	Zip	_	y		8. This corporation owes the currer	it year intangible ∏Yes	. '1	ÉNo	
24]	25		10		i	Personal Property Tax. 10. Name and Address of New Re				
	9. Name and Address of Curre	ent Registered Agent	8	1 N	ame	10. Name and Address of New No.	gisterea Agent			
HOLMES MANNET				`` ```	aine					
HOLMES, WAYNE J				2 S1	reet Addres	et Address (P.O. Box Number is Not Acceptable)				
5461 BENCHMARK LANE			-	-						
SANFORD FL 32771			8	3						
SAN	FORD FL 32// I		8	4 C	ity	the series of the series	85	Zip Co	ode.	
							PL	:		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									egistered	
SIGNATURE							DATE			
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:) AND DIRECTORS	13.	gent sign	nature required v	when reinstating) ADDITIONS/CHANGES TO OFF		ECTOR	2S IN 12	
TITLE	PD	DELETE	1.1 TITLE			ADDITIONS/CITATOLS TO CITA	□ Ch		Addition	
	-		1.2 NAMI							
NAME	HOLINES, WITHE		1.3 STRE		DEGG					
STREET ADDRESS									Ì	
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE		<u>' </u>		[] Ch	ange	Addition	
TITLE	101									
NAME	HOEMEO, GEET II			2.2 NAME						
STREET ADDRESS	000 500;; ;;;== 0 :		ı	2.3 STREET ADDRESS					ł	
CITY-ST-ZIP	LAKE MARY FL		2. 4 CFTY		•	_ 	Ch	ange	Addition	
TITLE _	D	DETELE	3.1,TITLE			- -				
NAME	HOLMES, GLEN R		3.2 NAM						1	
STREET ADDRESS	385 BUSH HILL CT		3.3 STRE	EET ADD	RESS				İ	
CRY-ST-ZIP	LAKE MARY FL		3.4. C(TY		>		☐ Ch	2020	Addition	
TITLE		☐ DELETE	4.1 TITLE				ுப	a iyo	☐ \doi:001	
NAME			4. 2 NAV	Æ						
STREET ADDRESS			4.3 STRE	ET ADD	RESS					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	,				- Addition	
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NAME		•	5.2 NAM							
STREET ADDRESS		•	5.3 STR	EET ADD	RESS					
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TITLE		☐ DELETE	6.1 TITLE	Ē			□Ch	ange	☐ Addition	
NAME		. ,	6.2 NAM	Ε						
STREET ADDRESS			6.3 STRI	EET ADO	DRESS				}	
CITY-ST-ZIP	j		6.4 CITY	-ST-ZIF	,		_			

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90224 015 ***150.00