CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F81317

MORRELL SHEET METAL, INC.

Principal P ace of Business

1. Corporation Name

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90077 004 ***150.00



5402 W. LINEBAUGH AVE. 5402 W. LINEBAUGH AVE TAMPA FL 33624 TAMPA FL 33624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 59-2192029 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 27 22 City & State City & State \$5.00 May Be 6. Electio 1 Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Zin Coun ry Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 24 25 30 29 10. Name and Address of New Registere J Agent 9. Name and Address of Current Registered Agent Name SAME 81 MORRELL, JOHN P Street Ad fress (P.O. Box Number is Not Acceptable) 15121-WILLOWDALE ROAD 5402 LINE Dake TAMPA FL-33635-83 Zip Ccde 334.84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 familifar with, and accept the obligations of, Section 607.0505, Florida Statutes. mountll SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 13. Change ☐ Addition DELETE 1.1 TITLE PTD TITLE MORRELL, JOHN P. NAME 12 NAME 1180 GULF BLVD #603 1.3 STREET ADDRESS STREET ADDRES CLEARWATER FL 33767 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRES 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby (pertify that the information) supplied with this filing does not qualify for the exemption stated in Section 119.07(3 (i)), Florida Statutes. I further cer ify 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

64 CITY-ST-7IP

JOHU P

8-3-264-2625