FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003801 (8)**

1. Corporation Name

CONSOLIDATED STAINLESS, INC.

Principal Place of Business	Mailing Address
2170 WEST STATE ROAD 434, SUITE 330 LONGWOOD FL 32779	2170 WEST STATE ROAD 434, SUITE 330 LONGWOOD FL 32779

3. Date Incorporated or Qualified: **08/19/1993**

3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business — 21: —; 22 State, Apt. #, etc.: —; 23 City & State: —; 24 Zip: —; 25 Country: —

2a. Mailing Address — 26: —; 27 Suite, Apt. #, etc.: —; 28 City & State: —; 29 Zip: —; 30 Country: —

4. FEI Number: **59-1669166** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, RONALD J.
2170 W STATE RD 434; SUITE 330
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, RONALD J		1.2 NAME		
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 330		1.3 STREET ADDRESS		
CITY, ST, ZIP	LONGWOOD FL		1.4 CITY, ST, ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RASHY, DANIEL		2.2 NAME		
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 330		2.3 STREET ADDRESS		
CITY, ST, ZIP	LONGWOOD FL		2.4 CITY, ST, ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SIGMON, MICHAEL A		3.2 NAME		
STREET ADDRESS	8102 SEVEN MILE DRIVE		3.3 STREET ADDRESS	2309 Greenside Ct.	
CITY, ST, ZIP	PONTE VEDRA FL 32082		3.4 CITY, ST, ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, HARVEY B		4.2 NAME		
STREET ADDRESS	95 BENNETT STREET		4.3 STREET ADDRESS		
CITY, ST, ZIP	AUBURNDALE FL		4.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAMSON, ROBERT		5.2 NAME		
STREET ADDRESS	1501 THE OAKS DRIVE		5.3 STREET ADDRESS		
CITY, ST, ZIP	MAITLAND FL 32751		5.4 CITY, ST, ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	COLE, CHRISTOPHER B.		6.2 NAME		
STREET ADDRESS	292 HERNANDO STREET		6.3 STREET ADDRESS	2230 20th Street, N.W.	
CITY, ST, ZIP	WINTER HAVEN FL		6.4 CITY, ST, ZIP	Winter Haven FL 33881	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Daniel A. Rashy, Sec. 2/20/96 407-682-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)