

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # F96000006219 (7)

1. Corporation Name

THE JONES METAL PRODUCTS COMPANY



Principal Place of Business

P.O. BOX 179  
200 N. CENTER STREET  
WEST LAFAYETTE OH 43845

Mailing Address

P.O. BOX 179  
200 N. CENTER STREET  
WEST LAFAYETTE OH 43845-1270

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

11/27/1996

3a. Date of Last Report

4. FEI Number

31-4220410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME BROWN, R H  
STREET ADDRESS 1829 GRACE DR  
CITY-ST-ZIP COSHOCTON OH

TITLE ☐ DELETE

V  
NAME HOWELL, H R  
STREET ADDRESS 215 S. JOHNSON  
CITY-ST-ZIP WEST LAFAYETTE OH

TITLE ☐ DELETE

S  
NAME LOOS, C M  
STREET ADDRESS 312 E 7TH ST  
CITY-ST-ZIP WEST LAFAYETTE OH

TITLE ☐ DELETE

CD  
NAME MULLIGAN, E F  
STREET ADDRESS 885 SHERIDAN  
CITY-ST-ZIP COSHOCTON OH

TITLE ☐ DELETE

VD  
NAME SUTTON, M M  
STREET ADDRESS 1101 HEBERTON STREET  
CITY-ST-ZIP PITTSBURGH PA

TITLE ☐ DELETE

D  
NAME DRINKO, J D  
STREET ADDRESS 53939 T.R. 155  
CITY-ST-ZIP WEST LAFAYETTE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

T  
1.2 NAME Baker, M G  
1.3 STREET ADDRESS 416 Elm Street  
1.4 CITY-ST-ZIP Warsaw, Oh

2.1 TITLE ☐ Change ☒ Addition

D  
2.2 NAME Brode, G  
2.3 STREET ADDRESS 15423 Foreman Club Road SW  
2.4 CITY-ST-ZIP Newcomerstown, Oh

3.1 TITLE ☐ Change ☒ Addition

D  
3.2 NAME Bell, E S  
3.3 STREET ADDRESS 1640 Marion Drive  
3.4 CITY-ST-ZIP Coshocton, Oh

4.1 TITLE ☐ Change ☒ Addition

D  
4.2 NAME Breon, W  
4.3 STREET ADDRESS 5 Oak Pointe Dr.  
4.4 CITY-ST-ZIP Coshocton, Oh

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Michael G. Baker

MICHAEL G. BAKER

4/17/97

614-545-6381

CR2E034 (9/96)