Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90056 027 ***150.00

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 # F96000006219

1. Corporation Name

THE JONES METAL PRODUCTS COMPANY

Principal Place	of Business	Mailing Address					II 00 111 31 111 01		11919 1911 144 1
P.O. BOX 179 P.O. BOX 179									
200 N. CENTER STREET 200 N. CENTER STREET						DO NOT WOO			
WEST LAFAYETTE OH 43845 WEST LAFAYETTE OH 43845						DO NOT WRIT			
						11/27/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26				<u>31-4220410</u>			t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	City & State	ty & State			6. Election Campaign Financing		\$5.00		
23	<u> </u>	28				Trust Fund Contribution		Added to	o Fees
Zip 24	Country Zip 29 30			try		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	
			ε	31	Name	•			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				32	Street Addr	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			8	33					
			١.	_}				as Zin C	- Code
			1	34	City .		FL	85 Zip C	Joue
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	utnorizea t	oy u	-named corp he corporation	oration submits this statement for the on's board of directors. I hereby accept	purpose of o	hanging its tment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent	signature require	d when reinstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITU	Ε				Change	☐ Addition
NAME	BROWN, R H		1.2 NAM	E					J
STREET ADDRESS	1829 GRACE DR		1.3 STR	EET !	ADDRESS	•			Ì
CITY-ST-ZIP	COSHOCTON OH		1.4 CITY	1.4 CITY-ST-ZIP		<u> </u>		(T) Oh	D & delition
TITLE	V	☐ DELETE	2.1 TITL	E				Change	Addition \
NAME	HOWELL, H R		2.2 NAM	SE.	ļ				ì
STREET ADDRESS	215 S. JOHNSON		2.3 STR	EET/	ADDRESS				Į.
CITY-ST-ZIP	WEST LAFAYETTE OH		2. 4 CIT		r-ZIP	<u> </u>		ClChange	□ Addition
TITLE	\$	☐ DELETE	3.1 TITL					☐ Change	☐ Addition
NAME	LOOS, C M		3.2 NAM	Œ					
STREET ADDRESS	312 E 7TH ST				ADDRESS				
CITY-ST-ZIP	WEST LAFAYETTE OH		3.4. CIT		r-ZIP			CT Change	Addition
TITLE	CD	☐ DELETE	4.1 TTTL			•		Change	
NAME	MULLIGAN, E F		4, 2 NAN						ļ
STREET ADDRESS	885 SHERIDAN				ADDRESS				1
CITY-ST-ZIP	COSHOCTON OH	- D BELETE	4.4 CITY		-ZIP			Change	Addition
TITLE	15			5.1 TITLE 5.2 NAME				_ +	
NAME .	SUTTON, M M				ADDRESS				
STREET ADDRESS	1101 HEBERTON STREET				ľ				
C/TY-ST-Z/P	PITTSBURGH PA	DELETE	5.4 CITY 6.1 TITL		-4IF			☐ Change	Addition
TITUE ' '	U		6.2 NAM		l			_ +95	ا / العداد ال
NAME	DRINKO, J D				ADDRESS				
STREET ADDRESS	30303 I.N. 100		6.4 CITY						
CITY-ST-ZIP	WEST LAFAYETTE OH		9.4 CITY	-31	-4JF				

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 suppliemental 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.

SIGNATURE:

Daytime Phone #