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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

G75655

(AMENDED)

DOCUMENT #
1. Corporation Name QUALITY SHEET METAL SERVICES, INC.

Principal Place of Business

Mailing Address

1716 HARPER STREET

1716 HARPER STREET

FILED

99 JUL 20 PH 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JACK	SONVILLE, FL 322	04 JACKSONVILLE	, FL	322	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/22/1983
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-2353545</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired See Required Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country Zip Countr				8. This corporation owes the current year Intangible
24	[25] [29] [30]			Personal Property Tax. ☐ Yes ☐ No	
Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent
MATO	Y, RONALD LEE		81		
1716 HARPER STREET				Street	t Address (P.O. Box Mumber is Not Americable) 4 5 8 4 3 - 4
JACK	SONVILLE, FL 322	04	83	,	-07/30/9901045001 *****65.00 *****65.00
			84	City	・
				•	FL   T
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 A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		PTS XX Change Addition
NAME	MALOY, RONALD L	EE	1.2 NAME		MALOY, RONALD LEE
STREET ADDRESS	1716 HARPER STR	EET	1.3 STREET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, F	L 32204	1.4 CITY-ST	r-ziP	JACKSONVILLE, FL 32204
TITLE	VS	XX DELETE	21 TITLE 22 NAME		Change Addition
NAME	CROM DER, MICHEL DIEDE				
STREET ADDRESS	5260 MANNING CEMETARY ROAD JACKSONVILLE, FL 00000			ADDRESS	S .
CITY-ST-ZIP	JACKSONVILLE, F		2 4 CITY-S	T-ZP	
TITLE			31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1		33 STREET		5
CITY-ST-ZIP				T-ZIP	Change [] Addition
TITLE		_ beere	4 1 TITLE		(
NAME			4 2 NAME		
STREET ADORESS			4.3 STREET		5
CITY-ST-ZIP		DELETE	4.4 CITY-ST 5.1 TITLE	1-ZIP	Change [] Addition
TITLE NAME		_ DECETE	5.1 TILLE		g
STREET ADDRESS			53 STREET	ADORESS	s
			54 CITY-ST		
CITY-ST-ZIP TITLE		DELETE	61 TITLE		T♠ ☐ Change ☐ Addition
NAME			6.2 NAME		, 18
STREET ADDRESS			63 STREET	ADDRESS	s
C/TY-ST-ZIP			6.4 CITY-ST	r-zip	

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.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD LEE MALOY 07/09/99 (904)354-5044