

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J10407 (1)**

1. Corporation Name
REMSEN ALLOYS, INC.

Principal Place of Business Mailing Address
**4130 N.CANAL ST.
P.O. BOX 12248
JACKSONVILLE FL 32209** **4130 N.CANAL ST.
P.O. BOX 12248
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified: **04/22/1986** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-2664969** 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

2. Principal Place of Business 2a. Mailing Address
21. Subst. Apt. #, etc. 26. Subst. Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**REMSEN, PAUL K.
2327 BROADMOOR LN.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **6756 LINFORD LANG**
83. City & State
84. City 85. Zip Code: **FL 32217**

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: Paul K. Remsen **PAUL K. REMSEN** DATE: **1-18-95**
(Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	REMSEN, PAUL K.
STREET ADDRESS	2327 BROADMOOR LN.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6756 LINFORD LANG
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32217
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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; that I am duly 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 addendum.

SIGNATURE: Paul K. Remsen **PAUL K. REMSEN** **904 632 1221**
(Signature and typed or printed name of signing officer or director) Date Registered Agent #
1-18-95