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PROFIT CORPORATION ANNUAL REPORT

1997



information indicated on this annual report or supplemental annual report Lam an officer or director of the corporation or the receiver or truste appears in Block 12 or Block 13 if changed, or on an attrachment w

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

(96/6)

904-632-1221

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10407

REMSEN ALLOYS, INC.

Principal Place of Business Mailing Address 4130 N.CANAL ST. 4130 N.CANAL ST. P.O.BOX 12248 P.O.BOX 12248 JACKSONVILLE FL 32209 JACKSONVILLE FL 32209-0248 3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1986 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2664969 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REMSEN, PAUL K. 4130 NORTH CANAL ST. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32209 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Sign it as Typest or proted name to regulate in Adels and title of poplicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST OELE 16 TITLE 1 1 TITLE Change REMSEN, PAUL K. NAME 1.2 NAME 6756 LINFORD LANE STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL CITY - ST- ZIP 14 CITY - ST-ZIP DELETE TITLE ___ Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZiF 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-TY - ST - ZiP 3.4. CITY - ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CiTY - ST - ZIP 54 CITY-ST-ZIP DELETE Addition Hill 6.1 TOTALE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP valify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the strue and occurate and that my signature shall have the same legal effect as if made under oath; that pawered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. Foo hereby certify that the information supplied with this time does not d

powered to e address.

mus!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR