


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90100 005 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J17639					
1. Corporation Name R.F. LUSA & SONS SHEET METAL INC.					
Principal Place of Business 1724 FAIRBANKS ST LAKELAND FL 33805 US			Mailing Address P O BOX 8058 LAKELAND FL 33802-8058 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified. 06/04/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2684635	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent ROBERT F. LUSA, JR. 5305 LAKE LUTHER RD. LAKELAND FL 33805			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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	P	<input checked="" type="checkbox"/> DELETE			
NAME	LUSA, ROBERT F. SR.				
STREET ADDRESS	5305 LAKE LUTHER RD.				
CITY-ST-ZIP	LAKELAND FL 33805	Deceased			
TITLE	T	<input type="checkbox"/> DELETE			
NAME	LUSA, ROBERT F., JR.				
STREET ADDRESS	1405 TIMBERIDGE DRIVE				
CITY-ST-ZIP	LAKELAND FL 33809				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	LUSA, JOSEPH E.				
STREET ADDRESS	1210 HAMMOCK SHADE DR.				
CITY-ST-ZIP	LAKELAND FL 33809				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	LUSA, NORMA G.				
STREET ADDRESS	5305 LK. LUTHER ROAD				
CITY-ST-ZIP	LAKELAND FL 33805				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	COLLINS, DENNIS M				
STREET ADDRESS	4401 SUGARTREE DRIVE WEST				
CITY-ST-ZIP	LAKELAND FL 33813				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

941-682-0748

Daytime Phone #

CR2E034 (11/98)