

2-20-98 B-2363 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J26204 (4)

1. Corporation Name

POWELL'S CUSTOM METAL FABRICATIONS, INC.

Principal Place of Business

2900 CANAL STREET  
JACKSONVILLE FL 32209  
US

Mailing Address

2900 CANAL STREET  
JACKSONVILLE FL 32209  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1986

2. Principal Place of Business

2a. Mailing Address

21 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country 26 27 28 29 30

26 27 28 29 30

4. FEI Number

59-2690832

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

POWELL, SALLY D  
2900 CANAL STREET  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2900 ALAMEDA ST

83

84

JACKSONVILLE

FL

85

Zip Code  
32209

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
POWELL, EDWARD R SR  
2745 PACES FERRY RD  
E. ORANGE PARK FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
POWELL, SALLY D.  
2745 PACES FERRY RD  
E. ORANGE PARK FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
POWELL, EDWARD R JR  
1595 LAKE BEND PLACE  
ORANGE PARK FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

32013

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

32013

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

32013

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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.

SIGNATURE: Sally D Powell 1-26-98 904 353 1735

CP2E034 (10/97)