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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J56839** (0)
1. Corporation Name
BOB'S SHEET METAL, INC.

Principal Place of Business Mailing Address
**1/ ROME G. EASON
358 ERNEST STREET
JACKSONVILLE FL 32204**

2. Principal Place of Business 2a. Mailing Address
21 **c/o James DePetris** 26 **c/o James DePetris**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **358 Ernest Street** 27 **P.O. Box 6805**
City & State City & State
23 **Jacksonville, Florida** 28 **Jacksonville, Florida**
Zip Country Zip Country
24 **32204** 25 29 **32223-6805** 30

3. Date Incorporated or Qualified **02/10/1987** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2775506** 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
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**EASON, ROME G.
358 ERNEST ST.
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent
81 Name **James DePetris**
82 Street Address (P.O. Box Number is Not Acceptable)
358 Ernest Street
83
84 City **Jacksonville** FL 85 Zip Code **32204**

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 *James DePetris* **4-4-95**
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	EASON, ROME G.
STREET ADDRESS	358 ERNEST STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VPS
NAME	EASON, MARGARET P.
STREET ADDRESS	358 ERNEST ST.
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	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James DePetris
1.3 STREET ADDRESS	7220 Parker School Road, #10
1.4 CITY - ST - ZIP	Jacksonville, FL 32211
2.1 TITLE	D, V, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Angela R. DePetris
2.3 STREET ADDRESS	7220 Parker School Road, #10
2.4 CITY - ST - ZIP	Jacksonville, FL 32211
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)(k), 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 on an attachment with an address.

SIGNATURE: *James DePetris* **4-4-95** (904) 356-7971
DATE