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FILED
May 01 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 # J56839 (0)

1. Corporation Name
BOB'S SHEET METAL, INC.

Precision Alloy Fabrication Inc.

Principal Place of Business

Mailing Address

2011 BURKE STREET
JACKSONVILLE FL 32254
US

%DEPETRIS, JAMES
P. O. BOX 6805
JACKSONVILLE FL 32223-6805
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1987

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 2911 Burke St.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 6805
Suite, Apt. #, etc.

22 City & State
23 JAX. FL.

27 City & State
28 JAX. FL.

24 Zip Country
32254 USA

29 Zip Country
32234 USA

9. Name and Address of Current Registered Agent

DEPETRIS, JAMES
358 ERNEST STREET
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)
2911 Burke St.
83
84 City JAX. FL 85 Zip Code 32254

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 DP
NAME DEPETRIS, JAMES
STREET ADDRESS 865 GATES STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE DVST
NAME DEPETRIS, ANGELA R
STREET ADDRESS 865 GATES STREET
CITY-ST-ZIP JACKSONVILLE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

James DePetris

11-23-98

904-381-1135

CR2E034 (10/97)