# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K74563** **(3)**

1. Corporation Name
**TAMPA BAY STAINLESS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1903 MULLIGAN RD.~~<br>~~SEBRING FL 33872~~ | ~~1903 MULLIGAN RD.~~<br>~~SEBRING FL 33872~~ |

3. Date Incorporated or Qualified: 03/22/1989
3a. Date of Last Report: 01/18/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 145 INLETS BLVD. | 26 145 INLETS BLVD. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 NOKOMIS | City & State 28 NOKOMIS |
| Zip 24 34275 Country 25 SARASOTA | Zip 29 34275 Country 30 SARASOTA |

4. FEI Number: 59-2941765 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GRANHOLM, MARTIN L.<br>~~1903 MULLIGAN ROAD~~<br>~~SEBRING FL 33872~~ | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) 145 INLETS BLVD.<br>83<br>84 City NOKOMIS FL 85 Zip Code 34275 |

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, Type or Printed Name of Registered Agent) (NOTE: Registered Agent signature required when revised) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GRANHOLM, MARTIN L.<br>1903 MULLIGAN RD.<br>SEBRING FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | TS | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GRANHOLM, DIANE<br>1903 MULLIGAN RD.<br>SEBRING FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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 119.07(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, or on an attachment with an address.

**SIGNATURE:** Martin L. Granholm president treasurer director secretary 1-18-96 941-488-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTIN L. GRANHOLM