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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95568

(7)

MISCELLANEOUS SHEET METAL, INC.

FILED Jan 28 1997 8:00am Secretary of State

Princ•pal Pla	ce of Business	Mailing Address 2036 JERNIGAN RD JACKSONVILLE FL 32207-6806				J1201 41411 41411	61611 #1611 A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2036 JERNIGA JACKSONVILLI	N RD E FL 32207							
					3. Date Incorporated or Qualified 06/14/1989	3a. Date 02/20/		eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-2953806		No	ot Applicable
Suite, Apl 22	t. #, etc	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$ 8.75 / Fee Re	
City & Sk	ale	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution		Added t	
Z:o	Country	Z _i p	Count	ry	8. This corporation has liability for i			. 199.032,
4	25	29	30			Yes 🔲		
	9, Name and Address of Curre	nt Registered Agent		4 1 10	10. Name and Address of New Re	gistered Ag	ent	
	RDAHL, JOY A. ESQ		8	1 Name				
	10-4 WILLIAMSBURG PARK BLVD XKSONVILLE FL 32257		8	2 Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
			8	3				
			8	4 City		FL	85 Zip (Code
office or agent 1 SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statut	e\$.	ation's board of directors. I hereby acceptions are acceptions to the state of the	DATE	itment as	registered
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12
THE.	PD	☐ DELETE	1.1 TITLE				Change	Additio
NAME	OVERCASH, KENNETH W.		1.2 NAM	E				
STREET ADDRESS			13 STRE	ET ADDRESS				
CHTY - 5.T - ZIP	JACKSONVILLE FL		14 CITY	-ST-ZIP				
THILE	VST	L DELETE	2 1 TITLI			L	Change	Additio
NAME	OVERCASH, V. CHERYL		2 2 NAM	E				
STREET ADDRESS			2 3 STRE	et address				
CHY SI-7.2	JACKSONVILLE FL	T DOLLAR		-ST-ZIP			<u> </u>	The second
T-TLF	D ONEDOVOU V ONEDVI	☐ DELETE	3.1 TITU			L	Change	Addition
NAME.	OVERCASH, V. CHERYL		3.2 NAM	1				
STREET ADDRESS	2036 JERNIGAN RD JACKSONVILLE FL			ET ADDRESS				
CHY-SF ZIP	JACKSONVILLE FL	DELETE	3.4. CITY 4.1 TITU	-ST-ZIP		—— 	Change	Additio
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NAME			5.2 NAM					
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NAMs.			6.2 NAM	1		_		
STREET ADDRESS	:			ET ADDRESS				
CITY - ST - ZIF	}		1	-ST-ZIP				
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14. To hereby certify that the information supplied with this filling 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAND SPINES OF WHECOME THE SIGNATURE OF SIGNAND SPINES OF THE SIGNATURE OF THE SIGN

1-20-97 (901) 396-6378

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