

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY 11 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L62107

(2)

1. Corporation Name

AEROSMITH METALS CORPORATION

Principal Place of Business

**101 NIGHTINGALE CENTER
P O BOX 651
GULF BREEZE FL 32561**

Main Office Address

**101 NIGHTINGALE CENTER
P O BOX 651
GULF BREEZE FL 32562
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1990

3a. Date of Last Report
04/11/1994

4. FEI Number
59-2998913

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. 194, Fla. Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State: Apt. # etc.

22

State: Apt. # etc.

27

City & State

23

City & State

28

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, LARRY GLENN, JR.
101 NIGHTINGALE LANE CENTER
204 DOLPHIN STREET
GULF BREEZE FL 32561**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 609, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the Registered Agent)

Signature of Registered Agent (must be signed by the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	D
NAME	SMITH, LARRY GLENN, JR.
STREET ADDRESS	204 DOLPHIN ST.
CITY, ST, ZIP	GULF BREEZE FL
12.2	D
NAME	SMITH, GAY HAMILTON
STREET ADDRESS	204 DOLPHIN ST.
CITY, ST, ZIP	GULF BREEZE FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.1	☐ Change ☐ Addition
13.2	
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13.8	
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(a), Florida Statutes. I further certify that the information set forth 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 recorder or broker 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:

[Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

(904)
934-4252