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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L62107 (2)

1. Corporation Name
AEROSMITH METALS CORPORATION

Principal Place of Business

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

Mailing Address

~~101 NIGHTINGALE CENTER~~
~~P O BOX 651~~
GULF BREEZE FL 32562-0651
US

2. Principal Place of Business

21 4009 Baypointe Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 651
Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

27 City & State

28 Gulf Breeze, FL

Zip

29 32562

Country

30 USA

3. Date Incorporated or Qualified

03/28/1990

3a. Date of Last Report

05/01/1996

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 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 D
NAME SMITH, LARRY GLENN, JR.
STREET ADDRESS 204 DOLPHIN ST.
CITY-ST-ZIP GULF BREEZE FL
☐ DELETE

TITLE D
NAME SMITH, GAY HAMILTON
STREET ADDRESS 204 DOLPHIN ST.
CITY-ST-ZIP GULF BREEZE 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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:

Larry Glenn Smith, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date April 29, 1997 (904) 934-4252

CR2E034 (9/96)