FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L99931

BECKWITH METALS, INC.

Principal Place of Business Malling Address										****************	•		
3212 N 40TH 16405 BONN			105 BONNEVILLE DRIVE	ONNEVILLE DRIVE									
SUITE 3 TAMPA FL 33624								DO NOT WRITE IN THIS SPACE					
TAMPA FL 33619 US								3. Date Incorporated or Qualifed					
US								1	09/10/1990				
2 Principal D	Place of Business	7 23	Mailing Address						FEI Number		1	And	lied For
	nace of business	- 26	American Committee		. .	بي	4-52-		59-3033822:				Applicable
Suite, Apt.	# etc	201	Suite, Apt. #, etc.								\$8		dditional
22	,, ,,,,,	27	27				5.	Certifcate of Status Desired			ee Re		
City & Stat	te	City & State					6.	Election Campaign Financing		\$5	5.00	May Be	
23		28	•					•	Trust Fund Contribution				Fees
Zip	Country	- -	Zip	Cour	try			8.	This corporation owes the cur	rent year Inta	ingible		
24				30	30			Personal Property Tax.					
	9. Name and Address of Currer	nt Regis	tered Agent	''				10.	Name and Address of New	Registered A	Agent		
			<u></u>		81	Name							
	KWITH, KERMIT WYATT JR			-	82	Street	Addres	ss (P	O. Box Number is Not Accept	able)			
	05 BONNEVILLE DRIVE			ļ	-	Ollect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55 (1	.o. dox riamour lo riot ridoopi				
TAM	IPA FL 33624				83					,			
				-		Oir.					85	Zip C	ode .
					84	City				FL	83	Zip C	-006
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state	of Floridations of,	la. Such change was Section 607.0505, Fl	authorized	by t tes.	tne corp	oration	i's Do	pard of directors. I nereby acce	pt the appoir	itment	as reg	istered
12.	Signature, typed or printed name of registered age OFFICERS AN			13.	Saur	Signature	ioquiioo v		ADDITIONS/CHANGES TO OF		D DIR	ECTO	RS IN 12
TITLE	D DELETE				1,1 TITLE						CH		Addition
NAME	BECKWITH, KERMIT W JR		_	1,2 NA									
STREET ADDRESS	16405 BONNEVILLE DRIVE					address							
	TAMPA FL			1.4 CIT									
TITLE	TAMIN'S		☐ DELETE	2.1 TITL								ange	Addition
NAME			-	2.2 NA									
		•				ADDRESS							
STREET ADDRESS				2.4 CII	÷ -								
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITE			<u> </u>				□ CI	nange	Addition
NAME			_	3.2 NA									
STREET ADORESS	•			1		ADDRESS							
CITY-ST-ZIP	· ·			3.4. CIT									
TITLE	1 		DELETE	4.1 TITI		, <u>D</u> I					C	nange	Addition
NAME				4, 2 NA									
STREET ADDRESS	·					ADDRESS							
				4.4 CIT									
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITL		- CIF					□ CI	nange	Addition
				5.2 NAM								_	•
NAME	·					ADDRESS							
STREET ADDRESS				5.4 CIT									
CITY-ST-ZIP			☐ DELETE	6.1 TITL			 					ange	Addition
TITLE			ا ۵۵۵۰ س	6.2 NA						•	٠٠ س	J-	_
	The State of the S					ADDRESS							
STREET ADDRESS													

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP · --

813-626-8548

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90103 050 ***150.00