

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

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Apr 04 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 # M71146 (8)
1. Corporation Name
VIAPLEX METAL FABRICATION COMPANY



Principal Place of Business
141 LEVY RD
ATLANTIC BCH FL 32233
US

Mailing Address
1000 EAST 8TH ST.
JACKSONVILLE FL 32206-3906
US

2. Principal Place of Business
21 1000 E 8th ST
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 JACKSONVILLE FLA

27 City & State
28

24 Zip
[32206]

25 Country
USA

29 Zip
30 Country

3. Date Incorporated or Qualified
03/02/1988

3a. Date of Last Report
04/22/1996

4. FEI Number
59-2907936

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

PRESTON, CHARLES R.
7615 MAJADLE RD
JACKSONVILLE FL 13221

81 Name Charles R Preston
82 Street Address (P.O. Box Number is Not Acceptable)
7615 MAYADLE ROAD
83
84 City JACKSONVILLE FL 85 Zip Code 32211

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 *Charles R Preston* Charles R Preston

DATE 27 Mar 97

Signature is type of printed name of registered agent, and delete if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRESTON, CHARLES R.	
STREET ADDRESS	7615 MAYADLE RD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES, MICHAEL A.	
STREET ADDRESS	10 MACKED STREET	
CITY- ST- ZIP	PORTEVEDOR BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PRESTON, CHRISTINA M.	
STREET ADDRESS	1709 INDIAN SPRINGS DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	MARSHA J PRESTON
4.4 CITY- ST- ZIP	565-A REPPERSBURG TREEHURNE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KINDELON, NJ 07405
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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: *Charles R Preston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 27 Mar 97 DAYTIME PHONE 904-632-0586

0030982

CR2E034 (9/96)