FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M94984** **(5)**

1. Corporation Name

SOUTHEASTERN METALS MANUFACTURING OF SOUTH FLORI DA, INC.

Principal Place of Business

7265 NW 74 ST
MEDLEY FL 33166
US

Mailing Address

PO BOX 26347
JACKSONVILLE FL 32226
US

3. Date Incorporated or Qualified: **08/19/1988**

3a. Date of Last Report: **03/30/1995**

4. FEI Number: **65-0067370** ☐ 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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

9. Name and Address of Current Registered Agent

PLEIMAN JR THOMAS C
11801 INDUSTRY DRIVE
JACKSONVILLE FL 32218

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 Section 607.0502 or 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GRAMLING, NADINE	
STREET ADDRESS	11801 INDUSTRY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	GRAMLING, DON L.	
STREET ADDRESS	11801 INDUSTRY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	PLEIMAN, THOMAS C., JR.	
STREET ADDRESS	11801 INDUSTRY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE	DC	☒ Change ☐ Addition
2-2 NAME	GRAMLING, DON L.	
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE	V	☐ Change ☒ Addition
4-2 NAME	THOMAS, ALAN	
4-3 STREET ADDRESS	11801 INDUSTRY DRIVE	
4-4 CITY-ST-ZIP	JACKSONVILLE, FL	
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate, that this report is not required for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, added, or deleted.

SIGNATURE: _____ 3-22-96 904-696-4204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

THOMAS C. PLEIMAN JR SECRETARY