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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # P20594



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90012 022 ***150.00

CORRUG	GATED INDUSTRIES INC.								
Principal Plac	e of Business	Mailing Address		· ·		ins mine ninei ninei			
920 HWY, 301 N. 1920 HWY, 301 N. AMPA FL 33619 TAMPA FL 33619					DO NOT WRI	ITE IN THIS SF	PACE		
					3. Date Incorporated or Qualifed				
					08/23/1988				
2. Principal P	Place of Business	2a. Mailing Address		·-	4. FEI Number			lied For	10
1		26			74-0495297			Applicable	567.115
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red		,
2		27 City 9 State	-		0 5000				
City & Stat	te	City & State			6. Election Campaign Financing. Trust Fund Contribution	, 0	. \$5.00 .i Added to		
3 Zip	Country	Zip	Cou	ntrv	8. This corporation owes the cur	rent vear Intano			
4	25		30		Personal Property Tax.			□No	
41	9. Name and Address of Curre				10. Name and Address of New	Registered Ag	ent		
				81 Name					
	ouef, gene 0:0.s. Hwy. 301 North			82 Street Add	ress (P.O. Box Number is Not Accept	able)	755.0 45	r. 21*** A11	
TAM	IPA FL 33619			83			58 (N.)		
				84 City		755 - \$150 - F 850 - \$550 - 	85 Zip C	ode	
					poration submits this statement for the	. FL			
Office or I	registered agent, or both, in the Stat arn familiar with, and accept the obliq	e of Florida. Such change was all gations of, Section 607.0505, Flori	utnorized rida Stati	to by the corporati utes.	ed when reinstating)	DATE DATE			á
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF				1/98
TITLE	PD	☐ DELETE	1.1 TI				Change		-
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STREET ADDRESS	AGE C DICACHDE CT	C) DELETE	1.2 N/	1	**************************************	L	Change	Addition	134.7
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TITLE NAME	CHALMETTE LA VD LEBOUEF, WILLIAM		1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/	AME IREET ADDRESS ITY-ST-ZIP TLE	ing Parifer			``	CROEDRA
	CHALMETTE LA VD LEBOUEF, WILLIAM 205 E. PLEASURE ST.		1.2 N/ 1.3 ST 1.4 C/ 2.1 TT 2.2 N/ 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE AME	ing Parifer			``	CROENSAI
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	CHALMETTE LA VD LEBOUEF, WILLIAM 205 E. PLEASURE ST. CHALMETTE LA ST LEPOUEF, WILLIAM III 205 E. PLEASURE ST. CHALMETTE LA	☐ DELETE ☐ DELETE ☐ DELETE	1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 S' 4.4 CC 5.1 TT 5.2 N 5.3 S' 5.4 CC 6.1 TT 6.2 N 6.3 S'	AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE			Change Change Change	Addition Addition Addition Addition	600

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #