

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 # **P37304** (3)

1. Corporation Name

S. & H. FABRICATING CANADA INC.



Principal Place of Business

Mailing Address

**2660-C JEWETT LANE
SANFORD FL 32772-5252**

**2660-C JEWETT LANE
SANFORD FL 32772-5252**

2. Principal Place of Business

2a. Mailing Address

21 **1320 NW 65th Place**

26 **1320 NW 65th Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33309**

25 **U.S.**

29 **33309**

30 **U.S.**

3. Date Incorporated or Qualified

01/30/1992

3a. Date of Last Report

04/04/1995

4. FEI Number

81-6494280

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$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

**HUTCHINGS, RONALD J.
2660-C JEWETT LANE
SANFORD FL 32772-5252**

81 Name

O'Quinn, Michael A. U.

82 Street Address (P.O. Box Number is Not Acceptable)

1320 NW 65th Place

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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, 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

Michael A. U. O'Quinn, Vice President

4/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE
NAME **HUTCHINGS, RONALD J.**
STREET ADDRESS **2660-C JEWETT LANE**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ DELETE
NAME **NIGHREIT**
STREET ADDRESS **2660 JEWETT LANE #C**
CITY-ST-ZIP **SANFORD FL**

TITLE **ST** ☐ DELETE
NAME **LEWIS, BARBARA M.**
STREET ADDRESS **2660-C JEWETT LANE**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ DELETE
NAME **LEECE, BRIAN**
STREET ADDRESS **2660 JEWETT LANE #C**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ DELETE
NAME **PATTERSON, RICHARD B**
STREET ADDRESS **2660 JEWETT LANE #C**
CITY-ST-ZIP **SANFORD FL**

TITLE **VP** ☐ DELETE
NAME **O'QUINN, MICHAEL A V**
STREET ADDRESS **2660 JEWETT LANE #C**
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/C/D ☒ Change ☐ Addition
HUTCHINGS, RONALD J.
1320 NW 65th Place
Ft. Lauderdale, FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VP ☒ Change ☐ Addition
NIGHBERT, DAVID L.
1320 NW 65th Place
Ft. Lauderdale, FL 33309

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

S/T ☒ Change ☐ Addition
LEWIS, BARBARA M.
1320 NW 65th Place
Ft. Lauderdale, FL 33309

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

VP/D ☒ Change ☐ Addition
LEECE, BRIAN
1320 NW 65th Place
Ft. Lauderdale, FL 33309

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

VP ☒ Change ☐ Addition
PATTERSON, RICHARD B.
1320 NW 65th Place
Ft. Lauderdale, FL 33309

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

VP ☒ Change ☐ Addition
O'QUINN, MICHAEL A. U.
1320 NW 65th Place
Ft. Lauderdale, FL 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 324-8622

CR2E034 (12/95)