

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:28

DOCUMENT # **P93000006502 (7)**

1. Corporation Name

ARCHITECTURAL METAL SALES, INC.

Principal Place of Business
**5677 COLCORD AVE.
JACKSONVILLE FL 32211**

Mailing Address
**5677 COLCORD AVE.
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/22/1993** 3a. Date of Last Report **08/23/1994**

4. FEI Number **59-3166668** 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 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**GRISSETT JR., W.E.
4741 ATLANTIC BLVD.
SUITE B-5
JACKSONVILLE FL 32207-2168**

81 Name **John M. Swanger**
82 Street Address (P.O. Box Number is Not Acceptable) **5277 MAGNOLIA CIRCLE N**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32211**

11. Pursuant to the provision 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John M. Swanger* **John M. Swanger** 1-10-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PTD**
NAME **SWANGER, JOHN M**
STREET ADDRESS **5677 COLCORD AVE.**
CITY, ST, ZIP **JACKSONVILLE FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **VD**
NAME **JAQUETT, FRANK D**
STREET ADDRESS **5677 COLCORD AVE.**
CITY, ST, ZIP **JACKSONVILLE FL**

21 TITLE **SECRETARY, VP** Change Addition
22 NAME **FRANK D. JAQUET**
23 STREET ADDRESS **3134 DALE HURST DR W**
24 CITY, ST, ZIP **JACKSONVILLE FL 32277**

TITLE **SD**
NAME **BRITTON, EDWARD G**
STREET ADDRESS **5677 COLCORD AVE.**
CITY, ST, ZIP **JACKSONVILLE FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and equally for the purposes stated in Section 119.07(2)(b), 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 in my own hand. That I am an officer or director of the corporation or the person 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 in an addition thereto with an addition.

SIGNATURE: *John M. Swanger* **John M. Swanger** 1-10-95 (Rev) 721-6669