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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000086791 (9)

METALWOOD, INC.

METALMOOD, INC.	
Principal Place of Business	Mailing Address
203 S SEVENTH ST	203 S SEVENTH ST



CHIPLEY FL 32428	CHIPLEY FL 3242	16			15. 5		
				3. Date Incorporated or Qualified 12/15/1993 3e. Date of Last Report 01/26/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			pplied For
)	26			59-3213958			lot Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State				Election Campaign Financing Trust Fund Contribution Trust Fund Contribution S. Election Campaign Financing Added to Fees			
Z _{iji} Country		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
1 25 Addre	ess of Current Registered Agent			10. Name and Address of New	Registered Ag	ent	
g, Helio dia Addio			81 Name				
PADGETT, B. R.		ŀ	82 Street Ac	dress (P.O. Box Number is Not Accepta	ble)		
203 S SEVENTH ST CHIPLEY FL 32428		ŀ	83				
			84 City		- 1	'	Code
H. Elizabeth to the provisions of Section	ions 607,0502 and 607,1508, Florida Str	atutes, the abo	ve named con	poration submits this statement for the pr	urpose of charg	ging its r	egistered office
or registered agent, or both, in the familiar with, and accept the obliga-	ions 607.0502 and 607.1508, Florida Sta o State of Florida. Such change was auth ations of, Section 607.0505, Florida State	norized by the C utes	corporation's b	oard of directors. Thereby accept the ap	роинители as re	iĝisiereo	agont. Fam
SCALATERA	्वास्तु केलः वाज्यो बातास्य संबद्धान्त्रकोतः			sined when tenstating)	DATE		
2.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
d.f D	DELETE	1 1 7	IIcE			Change	Addition
2.2055)	1.2 N	AME				
NAME PADGETT, B. R STREET ADDRESS 203 S SEVENTI		13 S	TREET ACIDRESS				
ALUBIEV EL 66		14 C	ITY - ST - ZIP				
	DELETE	2 1 1				Change	Addition
THLF	L	2 ? N	AMF				
NAME			TREET ADDRESS				
STREET ADORESS							
City-St-Zie	DELETE	3 1	ITY-ST-ZIP		C	Change	Addition
Irl. F							
NACM [®]		321	1				
STREET ADDRESS		1	STREET ADDRESS				
O16 S1 70f			CITY - ST - ZIP] Change	Addition
Tritt	☐ DELF1E		TIFLE		L.] 5.10.180	
NAME		421	IAME				
STIGLET ALUBEUS		435	STREET ADDRESS				
CHY-S1-7IF		4.4 (CITY - ST - ZIP			1 Change	Addition
1.10	DELF1E	5.1	TITLE		L] Change	L] Addition
NAME		52	NAME				
STREEL ADOMESS		53	STREET ADDRESS				
1		5.4	CITY-ST-ZIP				
Cir-St Zui	DELETE		TITLE] Change	Addition
	2		NAME				
NAME			STREET ADDRESS				
STREET ADDRESS			CITY-SI-ZIP				
CHY-SI-ZF		t funiched and	d dose not aus	Latify for the exemption stated in Section 1	19.07(3)(k), Flo	rida Stat	utes. I further

14. Lide 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 arrival report or supplemental arrival 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 go attachment with a radiress

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NATE OF SIGNING OFFICER OF SIMESTOR

1-26-96 904/638-446