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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006825 (1)

MET PRO FABRICATION, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4320 HWY 60 W P OBOX 495 MULBERRY FL 33860 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3228749 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Ζφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RENTZ, ROBERT L **B1** Name 4320 HWY 60 W Street Address (P.O. Box Number is Not Acceptable) MULBERRY FL 33860 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 607.05:05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Addition TITLE 1.1 TITLE Change RENTZ. ROBERT L JR NAME 1.2 NAME 3965 DAVID DRIVE STREET ADDRESS 1.3 STREET ADDRESS MULBERRY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CLINE, RAYMOND E NAME 2.2 NAME 3415 ARROWWOOD DRIVE STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY-ST-ZIP 5 4 CITY - ST - ZIP DELFTE 6 1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 attrictment with any address

CONSTUDE Robert Rents For Dality D. AA 4421-91