FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 B5013

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025555 (1)

1. Corporation Name
COLTON METALS, INC.

Principal Place of Business
~~2591 SCOUTRIDGE COURT~~
~~ORANGE PARK FL 32073~~

Mailing Address
P.O. BOX 2997
LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 BAYA & E90
22 Suite, Apt. #, etc. RT 1 BOX 4M1
23 City & State LAKE CITY, FL
24 Zip 32055 25 Country COLUMBIA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number 59-3250358 ☐ 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

9. Name and Address of Current Registered Agent

JONES, JIMMY G
~~2591 SCOUTRIDGE COURT~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2569 INGLEWOOD DR
83
84 City LAKE CITY FL 85 Zip Code 32025

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, 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 607.0505, Florida Statutes.

SIGNATURE Jimmy G. Jones JIMMY G. JONES 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES / D	11 TITLE	Pres/D	☐ Change ☒ Addition
NAME	JIMMY G. JONES	12 NAME	Jimmy G. Jones	
STREET ADDRESS	2569 INGLEWOOD DR	13 STREET ADDRESS	2569 Inglewood DR	
CITY-ST-ZIP	LAKE CITY, FL 32025	14 CITY-ST-ZIP	Lake City, FL 32025	
TITLE	SEC/TREAS/D	21 TITLE	Sec/Treas/D	☐ Change ☒ Addition
NAME	ELLEN D. JONES	22 NAME	Ellen D. Jones	
STREET ADDRESS	2569 INGLEWOOD DR	23 STREET ADDRESS	2569 Inglewood Dr.	
CITY-ST-ZIP	LAKE CITY, FL 32025	24 CITY-ST-ZIP	Lake City, FL 32025	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: Jimmy G. Jones JIMMY G. JONES 4/17/95 904-755-6874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0401373 FP