

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038837 (8)

1. Corporation Name

ATLAS CUSTOM METALS, INC.

Principal Place of Business

1950 MURRELL RD.
UNIT 9
ROCKLEDGE FL 32955

Mailing Address

1950 MURRELL RD.
UNIT 9
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

4. FEI Number

59 3246621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

1722 PALMER LANE

27

Suite, Apt. #, etc.

28

City & State

29

ROCKLEDGE FL

30

Zip

Country

31

32955

32

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, CARL
1950 MURRELL RD.
UNIT 9
ROCKLEDGE FL 32955

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COOK, CARL
STREET ADDRESS	1950 MURRELL RD. #9
CITY - ST - ZIP	ROCKLEDGE FL 32955
TITLE	D
NAME	CRISWELL, H C
STREET ADDRESS	250 N. BANANA RIVER DR. #H-7
CITY - ST - ZIP	MERRITT ISLAND FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. 1 TITLE	DPST	☒ Change ☐ Addition
1. 2 NAME		
1. 3 STREET ADDRESS		
1. 4 CITY - ST - ZIP		
2. 1 TITLE		☒ Change ☐ Addition
2. 2 NAME		
2. 3 STREET ADDRESS	DELETE	
2. 4 CITY - ST - ZIP		
3. 1 TITLE		☐ Change ☐ Addition
3. 2 NAME		
3. 3 STREET ADDRESS		
3. 4 CITY - ST - ZIP		
4. 1 TITLE		☐ Change ☐ Addition
4. 2 NAME		
4. 3 STREET ADDRESS		
4. 4 CITY - ST - ZIP		
5. 1 TITLE		☐ Change ☐ Addition
5. 2 NAME		
5. 3 STREET ADDRESS		
5. 4 CITY - ST - ZIP		
6. 1 TITLE		☐ Change ☐ Addition
6. 2 NAME		
6. 3 STREET ADDRESS		
6. 4 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)(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:

Robert C. Cook

Robert C Cook

4-28-95 407 632 4756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number