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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000030799 (7)

## **BILL'S CUSTOM SHEETMETAL INCORPORATED**

Principal Place of Business Mailing Address 361 CORAL DRIVE 361 CORAL DRIVE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1995 2. Principal Place of Business **FEI Numbe** Applied For 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Zip Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WERNET, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 82 361 CORAL DRIVE 83 FORT WALTON BEACH FL 32548 Zip Code 84 City 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Crange Addition TITLE 1 1 TITLE WERNET, WILLIAM J 1.2 NAME NAME 361 CORAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 1.4 CITY - ST - ZiP CITY-ST-ZIP secretary/Treasurer Chance Addition DELETE 2.1 TITLE THILE Dawne M. Wernet 341 Coral Dr 2.2 NAME NAME 2,3 STREET ADDRESS STREET ADDRESS Ft Walton Bch, FL 32548-6523 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3 5 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 34 CITY - ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 5. 1 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-2IP 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), Fiorida 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:

SHAPLE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-12-86

(904)243-5507

Daytinie Phone ≢

CR2E034 (12/95)