FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DETARTMENT OF STATE

Secretary of State

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DIVISION OF CORPORATIONS

1998

POCUMENT # P95000034923 (9) MCDONALD SHEET METAL, INC. Principal Place of Business Mailing Address 2481 DINNEEN AVE 2481 DINNEEN AVE ORLANDO FL 32804 ORLANDO FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/04/1995 Principal Place of Business 26. Mailing Address Applied For 21 26 59-3322574 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιο Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CARVER, RALPH E 2481 DINNEEN AVE Street Address (P.O. Box Number is Not Acceptable) R2 ORLANDO FL 32804 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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 Liorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of tegestered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE TITLE 1.1 TITLE Change Addition NAME . MCGAFFIGAN, MATTHEW H JR 1.2 NAME 1215 MALONE DR STREF! ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARVER, RALPH E NAME 2.2 NAME 5506 GROSS CT STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Myfall MATT

-MATTHEN H. M. GAPFIGUL

2/2/98

(407) 295-0220

FILED

Mar 03 1998 8:00am

Secretary of State