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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058885 (1)

J P SHEET METAL, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7515 STRATFORD BLVD 2184 TURNBERRY DR. ORALANDO FL 32007 OVIEDO FL 32765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 SAMB SAME 59-3328071 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAGAN, JULIO 2164 TURNBERRY DRIVE Street Address (P.O. Box Number is Not Acceptable) OVIEDO FL 32765 64 Zip Code 11. Pursuant to the provisions of Soctions 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 byced or profiled nume of regions of agreen and title if applications OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change ☐ Addition PAGAN, JULIO 1.2 NAME 2164 TURNBERRY DR. STREET ADDRESS 1.3 STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3 1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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.

6.4 CITY - ST - ZIP

SIGNATURE: Julio Page PRES. JULIO PAGAN PRES. 4-20-98/407-977-1602