

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000085671**

1. Corporation Name

MICRO-METALS, INC.

Principal Place of Business

**15273 FLIGHT PATH DR.
BROOKSVILLE FL 34609
US**

Mailing Address

**15273 FLIGHT PATH DR.
BROOKSVILLE FL 34609
US**

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90010 029 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

59-3340120

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAURO, JAMES A.
8343 CORAL ST
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name **JAMES A. MAURO**

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

2817 LANDOVER BLVD.

83

84 City

SPRING HILL

FL

85 Zip Code

34608

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

James A. Mauro

JAMES A. MAURO

President 8-23-1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD MAURO, JAMES**
STREET ADDRESS **15273 FLIGHT PATH DR.**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE ☒ DELETE

NAME **VD SAUER, RICHARD**
STREET ADDRESS **4468 LAKE IN THE WOODS DR.**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☒ DELETE

NAME **SD SAUER, JUDY**
STREET ADDRESS **4468 LAKE IN THE WOODS DR.**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☒ DELETE

NAME **TD MAURO, ROBIN**
STREET ADDRESS **15273 FLIGHT PATH DR.**
CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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

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 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.

SIGNATURE:

James A. Mauro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 8-23-1999

Date

Daytime Phone #

CR2E034 (5/99)

0105446