

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P95000090083 (3)

1. Corporation Name

SOUTHERNMOST FASTENER'S, INC.

Principal Place of Business

524 EATON ST
SUITE 110
KEY WEST FL 33040

Mailing Address

524 EATON ST
SUITE 110
KEY WEST FL 33040-6881

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

08/06/1996

2. Principal Place of Business

21 58 KEY HAVEN ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 4036

Suite, Apt. #, etc.

22 City & State

23 KEY WEST FL

Zip

24 33040

Country

25 MONROE

City & State

28 KEY WEST FL

Zip

29 33041

Country

30 MONROE

9. Name and Address of Current Registered Agent

RITSON, BRUCE
524 EATON ST
SUITE 110
KEY WEST FL 33040

4. FEI Number

65-0622967

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81 Name

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

1622 JOHNSON STREET

83

84 City

FL

85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/23/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WRIGHT, WILLIAM R	58 KEY HAVEN RD	KEY WEST FL 33040	<input type="checkbox"/>
VD	MANLEY, BRAD	2502 HARRIS	KEY WEST FL 33040	<input type="checkbox"/>
TD	RODERIQUES, JOHN	128 HILTON HAVEN DR	KEY WEST FL 33040	<input type="checkbox"/>
SD	AUSTIN, ROBERT	603 ELIZABETH APT 3	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 or on an attachment with an address.

SIGNATURE:

WILLIAM R. WRIGHT PRESIDENT

04/23/97

305/294-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0140741

CR2E034 (9/96)