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** PROFIT
**CORPORATION
**ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COHPORATIONS

1997

DOCUMENT # P96000026297 (7)

METAL MASTERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 17450 CALOOSA TRACE CIRCLE 17450 CALOOSA TRACE CIRCLE FORT MYERS FL 33912 FORT MYERS FL 33912-8500 3. Date incorporated or Qualified 3a. Date of Last Report 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 17450 Caloosa Tace Circ. 3670 Work Drive 65-065376 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Otv & State City & State 6. Election Campaign Financing \$5.00 May Be Fort Myers 28 bort Mye 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name NEMETH, MARK 17450 CALOOSA TRACE CIRCLE 62 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 84 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) e of registered agord and title if applicable OFFICERS AND DIRECTORS 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE President ☐ DELETE 1.1 TITLE ☐ Change Addition Mark J. Nemeth NAME 1.2 NAME 17450 Calousa Trace Circle STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP port myers, FL 1.4 CHY-ST-ZIP Change Addition TITLE 2.1 THE vice President Lance J. Zambrysk NAME 2.2 NAME 1208 Fifth St STREET ADDRESS 2.3 STREET ADDRESS 33972 Lehigh, FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Secretary- Treasurer DELETE Change Addition TITLE 3.1 TITLE Kathleen m. Nemeth NAME 3.2 NAME 17450 Caloosa Trace Circle STREET ADDRESS 3.3 STREET ADDRESS Fort Myers, FL 33912 CITY-ST-ZIP 3.4. CHY-ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filling closs 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 offect 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.

6.1 TOLE

6.2 NAME

6.3 STREET ADDRESS 6.4 C(TY - ST- ZIP

CICNIATURE.

TITLE

NAME

STREET ADDRESS

athles m neme

DELETE

4/29/07 941-267-3/6

Change

Addition

FILED

May 06 1997 8:00am

Secretary of State