PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000035164

1. Corporation Name

JEFF'S SHEET METAL, INC.

Principal	Place	of Business
-----------	-------	-------------

Mailing Address

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90031 039 ***150.00



6468 SOUTH TEI HOMOSASSA FL US		6488 SOUTH TER POINT HOMOSASSA FL 34448 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/18/1996			
2. Principal Pla		2a. Mailing	Address			4. FEI Number	_ 	pplied For	
21 6468	68 South TEX POINT 26 6468 SOUTH TEX Apt. #, etc. Suite, Apt. #, etc.			POINT	59-3372919		ot Applicable		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional lequired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip Country 30			<u>'</u>	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Registered Ag	ent			10. Name and Address of New Registered Ag	gent		
				81	Name			}	
DONNELLY, EMMETT 2 JUNGLEPLUM COURT E				82	82 Street Address (P.O. Box Number is Not Acceptable)				
HOM	OSASSA FL 34446			83					
				84	,	FL	:	Code	
11. Pursuant to	o the provisions of Sections 607.0502 gistered agent, or both, in the State of n familiar with, and accept the obligation	and 607.1508, Florida. Such	Florida Statutes, change was auth 607.0505, Florida	the abov orized by a Statutes	e-named con the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint	nanging its ment as re	s registered egistered	
SIGNATURE		C	_			PRES 4.8.9 ed when reinstating) DATE	9		
SIGNATORE	Signature, typed or printed name of registered agent		(NOTE: Re	_	nt signature requir			000 111 40	
12.	OFFICERS AND		Claricite	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	PT		DELETE	1.1 TITLE			□ culange	Additoii	
	DONNELLY, EMMETT			1.2 NAME					
STREET ADDRESS	2 dollars com door 2				T ADDRESS				
CITY-ST-ZIP	HOMOSASSA FL 34446		C per cre	1.4 CITY-5	T-ZIP		Change	Addition	
TITLE	VS		☐ DELETE	2.1 TITLE			Criange		
NAME	STOLICKER, SAMUEL J			2.2 NAME					
STREET ADDRESS	5 BEVERLY COURT 23ST			2.3 STREE	TADDRESS				
CITY-ST-ZIP	HOMOSASSA FL 34446			2. 4 CITY-	ST-ZIP	and the second of the second o	Change	Addition	
≈TITLE	مدانية الراء الرياضية والمستنفية والمستنفية والمستنف المستنف ا		DELETE:+ ·=	:3.1.TITLE-		The state of the s	[-] Change	- CE Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	TADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		Change	[] Addition	
TITLE			☐ DELETE	4.1 TITLE	}		Change	Addition	
NAME				4. 2 NAME				·	
STREET ADDRESS					TADDRESS	•		ŀ	
CITY-ST-ZIP			D per erre	4.4 CITY-5	ST-ZiP		Change	Addition	
TITLE			☐ DELETE	5.1 TITLE			criange		
NAME				5.2 NAME	T 1000ECC	•		Į.	
STREET ADDRESS				8	T ADDRESS			• •	
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	51-ZIP		☐ Change	Addition	
TITLE			DELETE					- Changing	
NAME				6.2 NAME	TADORESS			1	
STREET ADDRESS									
CITY-ST-ZIP				6.4 CITY-5	31-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 en an attachment with an address, with all other like empowered. 352)

SIGNATURE: