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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063317

1. Corporation Name

ESCAMBIA METALS INTERNATIONAL, INC.

Principal Place of Business Mailing Address							*********	*********	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1317 TIGER LAN		1317 TIGER LANE	<u>-</u>							
GULF BREEZE FL 32561		GULF BREEZE FL 32561	GULF BREEZE FL 32561			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 07/26/1996		-		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-3390070			ied For	
21		26	26						Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>├</u>			5. Certifcate of Status Desired	ired Sa.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in		_	_	
24	25	29	30			Personal Property Tax.	Yes		₿No	
	9. Name and Address of Curre	ent Registered Agent		104		10. Name and Address of New Registered	Agent			
KDE	DER, JEFF			81	Name					
	TIGER LANE				Street Addr	ess (P.O. Box Number is Not Acceptable)				
•	F BREEZE FL 32561			83						
000	DILLELL I E OLOO!			83						
				84	City	FI	85	Zip Co	ode	
44 D.	to the modulation of Continue 607 Of	502 and 607 1608 Florida State	itae the a	hove	named corn	oration submits this statement for the ouroose or	<u>- </u>	na its re	egistered	
-ffice co-	anistored against or both in the Stat	a of Florida, Such change was	authorized	d hv th	ne corporation	on's board of directors. I hereby accept the appo	intment	as regi	stered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	onda Stat	iutes.					,	
SIGNATURE	Signature, typed or printed name of registered as	sent and title if applicable. (NO)	E: Registered	Agent s	signature require	d when reinstating) DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12	
TITLE	D	DELETE 1.11		1.1 ΠΤLE			☐ Cha	ange	☐ Addition	
NAME	KREIDER, PEGGY	R, PEGGY		1.2 NAME						
STREET ADDRESS	I317 TIGER LANE 1.38		TREET A	DDRESS						
CITY-ST-ZIP				TY-ST-	ZIP				T A diese	
TITLE	D			ITLE			☐ Cha	ange	Addition	
NAME	KREIDER, JEFF			AME	ľ					
STREET ADDRESS					ADDRESS				}	
CITY-ST-ZIP	GULF BREEZE FL 32561			CITY-ST-	ZiP		Cha		Addition	
TITLE		☐ DELETE 3.11						z.,g0		
NAME			3.2 N		ADORESS .					
STREET ADDRESS			1	CITY-ST-						
CITY-ST-ZIP		DELETE	4,1 TI		· ZIF		Ch	ange	Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET A	ADDRESS					
CITY-ST-ZIP			4.4 C	HTY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI	ITLE			Ch	ange	☐ Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS				Ì	
CITY-ST-ZIP				TY-ST-	ZIP				The last	
TITLE		☐ DELETE	5.1 Ti		Ì		☐ Ch	ange	Addition	
NAME	1		6.2 N	IAME					,	

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 any attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

₩7...

=::

FILED

Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90020 029 ***550.00