Applied For

\$8.75 Additional

Fee Required

Not Applicable

## 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 # P9600098795

1. Corporation Name

ARCHITECTURAL METAL INSTALLATIONS, INC.

Principal Place of Business	
2800 ALMEDA STREET JACKSONVILLE FL 32209	

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2800 ALMEDA STREET JACKSONVILLE FL 32209

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90033 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5... Certificate of Status Desired - - - -

12/02/1996

59-3414491

4. FEI Number

City & State    City & State   City   State   City   State   City   State   City   Country   State   City   Sta			20. 2.2.4					A= 00	
Zip	City & State City & State						\$5.00 May Be		
3. Name and Address of Current Registered Agent  POWELL, SALLY D  2745 PACES FERRY ROAD E.  ORANGE PARK FL 32073  84 City  FL  85 Zip Code  85 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number is Not Acceptable)  86 Zived Address (P.O. Box Number is Not Acceptable)  87 Zived Address (P.O. Box Number is Not Acceptable)  88 Zived Address (P.O. Box Number is Not Acceptable)  89 Zived Address (P.O. Box Number is Not Acceptable)  80 Zived Address (P.O. Box Number is Not Acceptable)  81 Name  82 Zived Address (P.O. Box Number is Not Acceptable)  83 Zived Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number is Not Acceptable)  86 Zived Address (P.O. Box Number is Not Acceptable)  87 Zived Address (P.O. Box Number is Not Acceptable)  88 Zived Address (P.O. Box Number is Not Acceptable)  89 Zived Address (P.O. Box Number is Not Acceptable)  80 Zived Address (P.O. Box Number is Not Acceptable)  80 Zived Address (P.O. Box Number is Not Acceptable)  81 Zived Address (P.O. Box Number is Not Acceptable)  82 Zived Address (P.O. Box Number is Not Acceptable)  83 Zived Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number is Not Acceptable)  86 Zived Address (P.O. Box Number is Not Acceptable)  87 Zived Address (P.O. Box Number is Not Acceptable)  88 Zived Address (P.O. Box Number is Not Acceptable)  89 Zived Address (P.O. Box Number is Not Acceptable)  80 Zived Address (P.O. Box Number is Not Acceptable)  80 Zived Address (P.O. Box Number is Not Acceptable)  81 Zived Address (P.O. Box Number is Not Acceptable)  82 Zived Address (P.O. Box Number is Not Acceptable)  83 Zived Address (P.O. Box Number is Not Acceptable)  84 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number is Not Acceptable)  85 Zived Address (P.O. Box Number i		Country			ountry.				
9. Name and Address of Current Registered Agent  POWELL, SALLY D 2745 PACES FERRY ROAD E. ORANGE PARK FL 32073  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 agent, are 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, and accept the obligations of, Section Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. IT IT IT IS PO DELETE  13. DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. IT IT IS STDE TADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TIME  16. TIME  17. STDP  17. S			<b>⊢</b> , `	_	ourto y		•		XNo
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ORANGE PARK FL 32073  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statument for the purpose of changing its 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, and accept the chipdalismon's, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, types or printed name of registered agent and size it applicable.  PD  NAME  PD  NAME  PD  NAME  POWELL, SALLY  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32073  DELETE  1.5 TITLE  POWELL, EDWARD R JR  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32073  DELETE  3.1 TITLE  VPD  NAME  POWELL, EDWARD R JR  STREET ADDRESS  STREET AD	2745 PACES FERRY ROAD E.				82	Street Address (P.O. Box Number is Not Acceptable)			
### City ### City ### City ### B8 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids 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 office or registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Top					83	_			
The provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florinda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florinda Statutes.  SIGNATURE  12.	Olet	1400 1741111 0 00070					_		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's loader director's. I nefrely accept the appointment as registered agent and accept the obligations of, Section 607.050S, Florida Statutes.  SIGNATURE    2.					84 City FL 85 Zip Code				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's loader director's. I nefrely accept the appointment as registered agent and accept the obligations of, Section 607.050S, Florida Statutes.  SIGNATURE    2.	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	tatutes, the	above	e-named corp	poration submits this statement for the purp	ose of changing its	registered
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Signature, hypes or printed name of registered agent and titler if applicable. (NOTE: Registered Agent signature recycled when intertisting)   DAIL	ägent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505	, Florida Si	iaiuies.				
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	[ ]			6.4	4 CITY-ST	T-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, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-99

904-353-1735

Daytime Ph

CR2E034 (11/9