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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000103303 (9)

EMERALD COAST SHEET METAL, INC.

Principal Place of Business	N

Mailing Address

FILED Mar 10 1997 8:00am Secretary of State



110 WISE AV NICEVILLE FL	(E. (UNITS % & 7) 1. 32578	NICEVILLE FL 32578-2804					
					3. Date Incorporated or Qualified 12/26/1996	3a. Date of Last F	Report
2. Principa	Principal Place of Business 2a. Mailing Address			,	4. FEI Number Applied For		
21	UNIT# 7 ONLY	26 UNIT #	70	wes	59-3414624		ot Applicable
Suite, A	pt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	Additional equired
City & S	State	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 g. Name and Address of Curre		30		10. Name and Address of New Re		
		iit neglatoree Agent	8	Name	10, Hallo Blia Addides of How Ho		
	BBONS, TIMOTHY A 39 TANSEY LN.						
	39 TANSET LA. RESTVIEW FL 32539		8	2 Street Ad-	idress (P.O. Box Number is Not Acceptat	ole)	
Ur	1E91 AIEAA LT 25228		8	3			
			ļ	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
			B	4 City		FL 85 Zip	Code
44 Pureus	ant to the movisions of Sections 607.05	02 and 607 1508. Florida Statute	es the abo	ve-named co	prporation submits this statement for the s		ts registered
office	or registered agent, or both, in the Stat	e of Florida. Such change was a	iuthorized l	by the corpor	ration's board of directors. I hereby accept	ot the appointment as	s registered
agent	I am familiar with, and accept the obli	gations of, Section 607.0505, Pio	rioa Statut	88.			
SIGNATUE	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nent wid to a it amplicable (NOTE	Registered A	nent signature reg	quired when reinstating)	DATE	
12.		NO DIRECTORS	13.	Both tright chance you	ADDITIONS/CHANGES TO OFFIC		RS IN 12
Total	DP	DELETE	1.1 TITLE			Change	Addition
NAME	GIBBONS, TIMOTHY A		1.2 NAM	E	K*		
STREET ACIONE	ALAA TAMARU IM		1.3 STRE	ET ADDRESS	2.5		
CITY-ST-Z-P	CRESTVIEW FL 32539		1.4 CITY	-ST-ZIP			'!
1-1LF	8	DELETE	2.1 1111.1			☐ Change	Addition
NAME	GIBBONS, BELINDA		2.2 NAM	E			
STREET ADORE	ALAA TALIATU LAL		2.3 S RE	ET ADDRESS			
CITY-ST-ZIF	CRESTVIEW FL 32539		2.44 T	-ST-ZIP			
T(T) F	DT	DELETE	3.1 T LE			Change	Addition
NAME	BLOODWORTH, MARY E		3,2 F M	E	ė	**	
STREET ADORE	ss 350 MARIE CIR.		3.3 S HE	ET ADDRESS			
GITY - \$1ZIP	FT. WALTON BEACH FL 3254	8	3.4	-ST-ZIP			
TITLE		☐ DELETE	4.1 T LI			☐ Change	Addition
NAME			4, 2 F.N	1E			
STHEET ADDRE	88		4.3 S AF	et address			
0(1) - ST - 7(P			4.4 CiTY	- ST - ZIP			
TITLE	1	DELETE	5 1 TITLE			☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRE	SS		53 STRE	ET ADDRESS			
City - ST - ZIP			5.4 CiTY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TATLE			☐ Change	Addition
NAME			€ 2 NAM	E			
STREET ADDRE	:55		63 STRE	ET AODRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			

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 if changed, or on an attachment with an address.

468, 26, 1997