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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103303 (9)

EMERALD COAST SHEET METAL, INC.

Principal Place of Business Mailing Address 110 WISE AVE UNIT #7 110 WISE AVE UNIT #7 NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3414624 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GIBBONS, TIMOTHY A 81 Name 6139 TANSEY LN. Street Address (P.O. Box Number is Not Acceptable) **CRESTVIEW FL 32539** 83 Zip Code 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. 100 SIGNATURE (NO1£: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change Addition TITLE 11 TITLE GIBBONS, TIMOTHY A NAME 1.2 NAME 6139 TANSEY LN. STREET ADDRESS 1.3 STREET ADDRESS **CRESTVIEW FL 32539** CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition GIBBONS, BELINDA NAME 2.2 NAME 6139 TANSEY LN. STREET ADDRESS 2.3 STREET ADDRESS **CRESTVIEW FL 32539** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **BLOODWORTH, MARY E** NAME 3.2 NAME 350 MARIE CIR. STREET ADDRESS 3.3 STREET ADDRESS FT. WALTON BEACH FL 32548 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the receiver or trustee empewered 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.

2-16 08

**FILED** 

Apr 15 1998 8:00am

Secretary of State