Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

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 # P97000037527

Suite, Apt. #, etc.

SIGNATURE:

City & State

23

24

Zip

FIRST COAST METALS, INC.

Principal Place of Business	Mailing Address 803 NORTH ST JACKSONVILLE FL 32211				
803 NORTH ST JACKSONVILLE FL 32211					
2. Principal Place of Business	2a. Mailing Address				

27

28

Zip

Suite, Apt. #, etc.

City & State

25 29 9. Name and Address of Current Registered Agent

Country

MOSS, GENE T 337 E BAY ST

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90016 013 ***150.00



DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

04/25/1997 4. FEI Number

59-3442878

JACKSONVILLE FL 32202		83							
			84	City	FL 85 Zip Code				
		Flade Statutes A	h	nomed.	_ - - - - - 	ered			
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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Digitation, types of printer name of			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12			
TITLE	= ·	☐ DELETE	1.1 TITLE		☐ Change	Addition			
NAME	BISPLINGHOFF, DONALD SR		1.2 NAME			Ì			
STREET ADDRESS	803 N STREET		1.3 STREET	ADDRESS		ļ			
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY-S	T-ZIP		[
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐	Addition			
NAME	DRAKE, JOHN W SR	•	2.2 NAME			Į			
STREET ADDRESS	441 VAN HOLTON RD		2.3 STREET	ADDRESS	ية المراجعة في المراجعة المرا المراجعة	[
CITY-ST-ZIP	BRIDGEWATER NJ 08807		2. 4 CITY-5	T-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition			
NAME	DRAKE, JOHN W JR		3.2 NAME			Į			
STREET ADDRESS	441 VAN HOLTON RD		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	BRIDGEWATER NJ 08807		3.4. CITY-5	T-ZIP		A			
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	BISPLINGHOFF, DONALD JR		4. 2 NAME						
STREET ADDRESS	803 NORTH ST		4.3 STREE	T ADDRESS		ľ			
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-\$	T-ZIP		La arron			
ΠLE		☐ DELETE	5.1 TITLE		∴ Change	Addition)			
NAME			5.2 NAME						
STREET ADDRESS				TADORESS		i			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		1 6 4 4 161			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition			
NAME		1	6.2 NAME		1	1			
STREET ADDRESS			6.3 STREE	TADORESS]			
CITY-ST-ZIP			6.4 CITY-S		Continued O7/200 Florido Capitas I full or position that the inform	ation			
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 extachment with an address, with all other like empowered.									

Country

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