SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90010 042 ***550.00

DOCUMENT # P97000085696

INDUSTRIAL MAINTENANCE & FABRICATION, INC.

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Zip Country Zip Country Zip Country 3.00 Country 8. This corporation owes the current year Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SKANK, SHARON 28625 LAKE INDUSTRIAL BLVD. TAVARES FL 32778 82 Street Address (P.O. Box Number is Not Acceptable) 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. 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE SKANK, SHARON 12 NAME SKANK, SHARON 12 NAME TITLE VPSTD DELETE 1.1 TITLE Change Additional contents of the component of the component of the purpose of changing its registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 11.1 TITLE Change Additional contents of the component of the component of the purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 14. CITY ST.ZIP TITLE VPSTD DELETE 1.1 TITLE Change Additional contents of the component of the co	_ _ ^		— ·				
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14. Legeby 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	1 CATALOT 1						
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	CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify for	the exempti	on stated in sec	ction 119.07(3)(i), Florida Statutes. I further certi	fy that the information
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	14. I hereby ce	on this annual report or supplements	al annual report is true and acc	curate and th	at my signature	shall have the same legal effect as if made un	der oatn; that I am