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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000106672

1. Corporation Name

METALSMITHS, INC.

Pri	ncipal Pla	ce of Busines:
727	ORANGE	PARK

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90023 032 \*\*\*150.00



rimcipal Place	e or business	Walling Address					• .	•		
727 ORANGE PARK LAKELAND FL 33801		727 ORANGE PARK LAKELAND FL 33801								
CANCONIO I C	30001	Children A C 00001					DO NOT W	RITE IN THIS	SPACE	
						3. Date li	ncorporated or Qualife	d	_	
						i	9/1997			
<b>3</b> D : : (D)	- A Davidson	2a Mailing Address				4. FEI No		<del></del>		Applied For
Z. Principal Pi	lace of Business	2a. Mailing Address								
21		26			59-34	<u>489080</u>			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired			Additional
22		27	27						Fee I	Required
City & State		City & State				6. Election	on Campaign Financing	g 🖂	\$5.0	<b>0</b> May Be
23		28	28			Trust f	Fund Contribution		Adde	to Fees
Zip	Country	Zip	Cou	untry		8. This c	orporation owes the cu	rrent year Inta	angible	
24	25	29	30			į.	nal Property Tax.	_	<b>X</b> Yes	□No
	9. Name and Address of Curren		11	Τ		10. Name	and Address of New	Registered /	Agent	
				81	Name			<del></del>	<del> </del>	
MON	iroe, norman			lL.				·		, , , , , , , , , , , , , , , , , , , ,
	ORANGE PARK			82	Street Ac	ddress (P.O. Bo	x Number is Not Accep	ptable)		ŀ
										i
LANC	ELAND FL 33801			83						
				84	City	<u>·</u>		. <del> </del>	85 Zij	Code
				1.1	•			· FL		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida. Such change was	ites, the a	above-	named cone corpora	orporation submation's board of	its this statement for the directors. I hereby acc	e purpose of ept the appoir	changing intment as	ts registered registered
Office Of It										1
agent. I ai	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Fi	onda Stat	iutes.				-		
agent. I ai	m familiar with, and accept the obligation of section o	nt and title if applicable.  (NOT	E: Registered	d Agent s		uired when reinstating		DATE	<u></u>	
agent. I ai	m familiar with, and accept the obligation of section o	ations of, Section 607.0505, Fi	onda Stat	d Agent s			) ONS/CHANGES TO C			
agent. I ar	m familiar with, and accept the obligation of section o	nt and title if applicable.  (NOT	E: Registered	d Agents		ADDITI			D DIRECT	
agent, I an	m familiar with, and accept the obligation of registered ager of the obligation of t	nt and title if applicable. (NOT	E: Registered	d Agent s						
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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:** 

Anioe Norman Monroe RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR