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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03280

1. Corporation			•		
SOUTH	<i>N</i> EST SHEETMETAL & WEI	DING, INC			
	San Carlotte				
	ce of Business	Mailing Address			
3455 WESTVIEN		5820 12TH AVENUE SOUT	Н		,
NAPLES FL 33999 US US US				DO NOT WRITE IN THIS SPACE	
	e de la	•		3. Date Incorporated or Qualifed	
				09/26/1990	and the same of the
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0222798	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te ·	City & State		e Clastic Complete Consider	
23	te .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangent	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·]Yes □No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Ag	ent
		,	81 Name		
SOLEO	3, JAMES F. D 12TH AVE SOUTH	DWG, MG	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	n IFILITAE GOOTH	Car care (2); 1- Cur-			2.511.110 (2.1.1.11311.121)
NAP	LES FL 33942		83		
		4	84 City	- 19 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip Code
Carlotte Service	70.00	20 1007(100)	<u></u> _	FL	
office or	redistered agent, or both, in the State	of Florida Such change was a	es, the above-named con	oration submits this statement for the purpose of cha	anging its registered
	-Survey of a series of the ser	or i forida. Oddir change was e	unionized by the corporat	on's board of directors. I hereby accept the appointm	nent as registered
وأأأأ والموجعورين		ations of Section 607.0505, Flo	rida Statutes	on's board of directors. I hereby accept the appointm	nent as registered
US. agent. J a	VX /ames 1	- F	•	•	nent as registered
وأأأأ والموجعورين	Ephature typed or printed name of registered age	- F	rida Statutes. Registered Agent signature require	•	
SIGNATURE	Ephature typed or printed name of registered age	ant and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating) (5 (4) DATE ADDITIONS/CHANGES TO OFFICERS AND I	
SIGNATURE	A phature hyped or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE	Registered Agent signature require	od when reinstating) () () () () () () () () () (DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

1-12-95 941-261-6557

Date 11 Daytime Phone 8

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90038 029 ***150.00

CR2E034 (11/98)