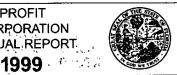
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$58919

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

W.M. WHITE SHEET METAL, INC.

Mailing Address Principal Place of Business 3904 51ST STREET SOUTH 3904 51ST STREET SOUTH **TAMPA FL 33619 TAMPA FL 33619** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 06/10/1991 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3067105 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State 6.-Election Campaign Financing -City & State \$5:00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WHITE, WALLACE M. Street Addre 82 2808 W SHELTON AVE **TAMPA FL 33611** 83 Zip Code 336/9 84 85 City Ampa 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12 □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE WHITE, WALLACE M. 12 NAME NAME 2808 W. SHELTON AVE. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZI₽ 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TTTLE Change Addition DELETE TITLE 62 NAME NAME 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 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 adactiment with an address, with all other like in the proof 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 adactiment with an address, with all other like in the proof 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 adactiment with an address, with all other like in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. SIGNATURE:

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90061 039 ***150.00

CR2E034 (11/98)