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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:48

DOCUMENT # S81712 (9)

1. Corporation Name
HOLLOW METAL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
1901 CATTLEMAN RD UNIT C SARASOTA FL 34232	1901 CATTLEMAN RD UNIT C SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0290021	☐ Applied For ☐ Not Applicable
21 1289 Porter Road	26 1289 Porter Road		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Sarasota, Florida	28 City & State: Sarasota, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 34240 / 25 Country: USA	29 Zip: 34240 / 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILLIARD, DONALD F. 1901 CATTLEMAN RD UNIT C SARASOTA FL 34232	81 Name: Hilliard, Donald F. 82 Street Address (P.O. Box Number is Not Acceptable): 1289 Porter Road 83 84 City: Sarasota, FL 85 Zip Code: 34240

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: X Patricia A. Hilliard — DATE: 2/28/95
(If natural, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	HILLIARD, DONALD F.	1.2 NAME	Hilliard, Donald F.
STREET ADDRESS	1901 CATTLEMAN RD UNIT C	1.3 STREET ADDRESS	1289 Porter Road
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	HILLIARD, PATRICIA A.	2.2 NAME	Hilliard, Patricia A.
STREET ADDRESS	1901 CATTLEMAN RD UNIT C	2.3 STREET ADDRESS	1289 Porter Road
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Patricia Hilliard — 2/28/95 — 813-379-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340283 CP