FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S81712 (9)

1. Corporation Name
HOLLOW METAL SPECIALISTS, INC.

Principal Place of Business
1289 PORTER RD
UNIT C
SARASOTA FL 34240
US

Mailing Address
1289 PORTER RD
UNIT C
SARASOTA FL 34240
US

3. Date Incorporated or Qualified: **09/16/1991**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **65-0290021** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILLIARD, DONALD F.
1289 PORTER ROAD
UNIT C
SARASOTA FL 34240

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	D	D				
NAME	HILLIARD, DONALD F.	HILLIARD, PATRICIA A.				
STREET ADDRESS	1289 PORTER ROAD	1289 PORTER ROAD				
CITY-ST-ZIP	SARASOTA FL	SARASOTA FL				
DELETE	☐	☐	☐	☐	☐	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	1	2	3	4	5	6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
Change / Addition	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

CR2E034 (12/95)

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)(k), 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: Donald F. Hilliard DONALD F. HILLIARD 1-29-96 941-379-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #