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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1289 PORTER RD  
UNIT C  
SARASOTA FL 34240  
US1289 PORTER RD  
UNIT C  
SARASOTA FL 34240-9627  
US

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 740 Apex Road

26 740 Apex Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 Sarasota FL

28 Sarasota FL

Zip

Country

Zip

Country

24 34240

25

29 34240

30

4. FEI Number

65-0290021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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.  
1289 PORTER ROAD  
UNIT C  
SARASOTA FL 34240

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME HILLIARD, DONALD F.  
STREET ADDRESS 1289 PORTER ROAD  
CITY - ST - ZIP SARASOTA FL1.1 TITLE Director ☒ Change ☐ AdditionTITLE D ☐ DELETENAME HILLIARD, PATRICIA A.  
STREET ADDRESS 1289 PORTER ROAD  
CITY - ST - ZIP SARASOTA FL1.2 NAME Director  
1.3 STREET ADDRESS Hilliard, Donald F.  
1.4 CITY - ST - ZIP 740 Apex Road  
Sarasota, FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME Hilliard, Patricia A  
2.3 STREET ADDRESS 740 Apex Road  
2.4 CITY - ST - ZIP Sarasota FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2-7-97 379-1970