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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04459

FM STAINLESS FASTENINGS, INC.

328 MADDOX D					i				
	PRIVE	328 MADDOX DRIVE							
ELLIJAY GA 30		ELLIJAY GA 30540	ELLIJAY GA 30540			SO NOT INDIT	T IN THIS S	DACE	
US		US	US			DO NOT WRITE IN THIS SPACE			
i						3. Date Incorporated or Qualifed			-
						01/03/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
21		26			1	59-3102721		□ N	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22	<i>H</i> , 616.	27				5. Certifcate of Status Desired		Fee R	tequired
		City & State			-	6. Election Campaign Financing		\$5.00	May Be
City & Stat	e	⊢ ′				Trust Fund Contribution		· · · · ·	to Fees
23		28		****					10100
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	•	ngible ∐Yes	□No
24	25		30			Personal Property Tax.			
	9. Name and Address of Curren	nt Registered Agent		=.r		10. Name and Address of New R	egistered A	gent	
				81 Na	ame				
¦ WILL	JAM STAHL		h	82 St	reet Addres	ddress (P.O. Box Number is Not Acceptable)			
210	WHITE OAK CIRCLE			01	Street Address (1.0. Dox Namber to Not Acceptable)				
MAITLAND FL 32757			ļ.	83					
						•			
			[1	84 Ci	ty		FI	85 Zip	Code
	to the provisions of Sections 607.050	1 007 1500 FI Chab to	- 455		mad samor	otion submits this statement for the	numose of o	hanging it	s registered
office or t	registered agent or both in the State.	of Florida, Such change was au	itnorizea	ov the	corporation'	s board of directors. I hereby accep	t the appoin	ment as r	egistered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statut	tes					
SIGNATURE									
	Signature, typed or printed name of registered ager		Registered A	Agent sign	ature required w	ADDITIONS/CHANGES TO OF	DATE	DIRECT	ORS IN 12
12.	1	ID DIRECTORS				ADDITIONS/CHANGES TO OT	IOLING AIN	Change	
TITLE	D	☐ DELETE	1.1 TITL					[] outrigo	
NAME	STAHL, WILLIAM		1.2 NAM	ME					
STREET ADDRESS	210 WHITE OAK CIR		1.3 STR	REET ADDR	RESS				
CITY-ST-ZIP	MAITLAND FL								
			1.4 CIT	Y-ST-ZIP					
TITLE	D	☐ DELETE	1.4 C(T) 2.1 TITL	Y-ST-ZIP			<u> </u>	Change	Addition
	T			Y-ST-ZIP LE				Change	Addition
NAME	T		2.1 TITL 2.2 NAM	Y-ST-ZIP LE ME				Change	Addition
NAME STREET ADDRESS	STAHL, ABE RT 1-BOX 2364 /785 Robo		2.1 TITL 2.2 NAA 2.3 STR	Y-ST-ZIP LE ME REET ADOI	RESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STAHL, ABE RT 1 BOX 2364 /7 8 5 Ro Bo ELLIJAY GA	erts Rioge Rd	2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	Y-ST-ZIP LE ME REET ADOI TY-ST-ZIP	RESS				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	STAHL, ABE RT-1-BOX-2964 /7 8.5 Ro Bo ELLIJAY GA T STAHL, WILLIAM 210 WHITE OAK CR MAITLAND FL S STAHL, ABE RT-1-BOX-2964- / 78.5 Roa ELLIJAY GA	DELETE DELETE DELETE DELETE DELETE	2.1 TITL 22 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.2 NAA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAA	Y-ST-ZIP LE ME REET ADDI TY-ST-ZIP LE REET ADDI TY-ST-ZIP LE	RESS RESS		· , F · , · · , · .	☐ Change	Addition Addition

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 supplementary 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 review 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 or an attagingent with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

706-636-1881 Daytime Phone #

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90133 040 ***150.00