

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 30 AM 9:11**

DOCUMENT # **V44864** (9)

1. Corporation Name  
**DOT METAL PRODUCTS, INC.**

Principal Place of Business Mailing Address  
**1857 BRACKEN DR PO BOX 26347**  
**SAN ANTONIO TX 78266 JACKSONVILLE FL 32226**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1982** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **74-2638457** Applied For  
Not Applicable  
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

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

9. Name and Address of Current Registered Agent  
**HOLBROOK, H. LEON**  
**2301 INDEPENDENT SQUARE**  
**ONE INDEPENDENT DRIVE**  
**JACKSONVILLE FL 32202**

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 \_\_\_\_\_  
Registered Agent or current name of registered agent and title (if applicable) REGISTERED AGENT (signature required when registering) DATE

12. OFFICERS AND DIRECTORS  
 TITLE NAME STREET ADDRESS CITY- ST. ZIP  
 PD **GRAMLING, NADINE**  
**11801 INDUSTRY DR.**  
**JACKSONVILLE FL**  
 DVP **GRAMLING, DONNIE L.**  
**11801 INDUSTRY DR.**  
**JACKSONVILLE FL**  
 VTS **PLEIMAN, THOMAS C JR**  
**11801 INDUSTRY DR**  
**JACKSONVILLE FL**  
 VP **HARMON, ROBERT**  
**9419 LAKEWOOD LANE**  
**GARDEN RIDGE TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY ST ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY ST ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY ST ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY ST ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY ST ZIP  
 6.1 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 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 on a requested 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 of this report, or on an attachment with my address.

SIGNATURE: *Thomas C. Pleiman, Jr.* **3/27/95** **904-757-4200**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
Date Telephone #