

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JAN 25 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J10407 (1)**

1. Corporation Name  
**REMSEN ALLOYS, INC.**

Principal Place of Business      Mailing Address  
**4130 N.CANAL ST.  
P.O. BOX 12248  
JACKSONVILLE FL 32209**      **4130 N.CANAL ST.  
P.O. BOX 12248  
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified: **04/22/1986**      3a. Date of Last Report: **01/25/1994**  
4. FEI Number: **59-2664969**      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. Subst. Apt. #, etc.      26. Subst. Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      29. Country

9. Name and Address of Current Registered Agent  
**REMSEN, PAUL K.  
2327 BROADMOOR LN.  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **6756 LINFORD LANG**  
83. City & State  
84. City: **JACKSONVILLE**      85. Zip Code: **FL 32217**

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: Paul K. Remsen      **PAUL K. REMSEN**      DATE: **1-18-95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PST</b>
NAME	<b>REMSEN, PAUL K.</b>
STREET ADDRESS	<b>2327 BROADMOOR LN.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6756 LINFORD LANG</b>
1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32217</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(d), 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; that I am duly 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 addendum.

SIGNATURE: Paul K. Remsen      **PAUL K. REMSEN**      DATE: **1-18-95**  
904 632 1221