

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 # **438939** (1)
1. Corporation Name
ALL STEEL CONSULTANTS, INC.



Principal Place of Business: 5208 ST PAUL STREET, PO BOX 2545, BRANDON FL 33509-2545
Mailing Address: 5208 ST PAUL STREET, PO BOX 2545, BRANDON FL 33509-2545

3. Date Incorporated or Qualified: 10/29/1973
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1538677
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: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc.
28 City & State: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent
HOBBS, GEORGE
2315D SYDNEY DOVER ROAD
DOVER FL 33527-6442

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	HOBBS, GEORGE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOBBS, GEORGE	2315 SYDNEY-DOVER	1.2 NAME
STREET ADDRESS: DOVER FL	DOVER FL	1.3 STREET ADDRESS
CITY-ST-ZIP: DOVER FL		1.4 CITY-ST-ZIP
TITLE: DS	HOBBS, RITA <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOBBS, RITA	2315 SYDNEY-DOVER	2.2 NAME
STREET ADDRESS: DOVER FL	DOVER FL	2.3 STREET ADDRESS
CITY-ST-ZIP: DOVER FL		2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME
STREET ADDRESS:		3.3 STREET ADDRESS
CITY-ST-ZIP:		3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME
STREET ADDRESS:		4.3 STREET ADDRESS
CITY-ST-ZIP:		4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME
STREET ADDRESS:		5.3 STREET ADDRESS
CITY-ST-ZIP:		5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		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 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: **GEORGE A. HOBBS, PRES.** *[Signature]* 4-22-96-813-621-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)