

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90060 027 \*\*\*150.00

0379316

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **438939**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 6162 C 15TH EAST**

2a. Mailing Address  
**26 6162 C 15TH ST EAST**

3. Date Incorporated or Qualified  
**10/29/1973**

4. FEI Number  
**59-1538677**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**23 BRADENTON, FL**  
 City & State  
**24 34203** Zip **25** Country

27 Suite, Apt. #, etc.  
**28 BRADENTON, FL**  
 City & State  
**29 34203** Zip **30** Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

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 RALPH GEORGE**  
**82 Street Address (P.O. Box Number is Not Acceptable) 6162 C 15TH ST EAST**  
**83**  
**84 City BRADENTON FL 85 Zip Code 34203**

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 **Ralph George** **RALPH GEORGE PRESIDENT** **1-20-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOBBS, GEORGE	
STREET ADDRESS	2315 SYDNEY-DOVER	
CITY-ST-ZIP	DOVER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HOBBS, RITA	
STREET ADDRESS	2315 SYDNEY-DOVER	
CITY-ST-ZIP	DOVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT P T S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH GEORGE	
1.3 STREET ADDRESS	6162 C 15TH ST EAST	
1.4 CITY-ST-ZIP	BRADENTON, FL 34203	
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 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, with all other like empowered.

SIGNATURE: **Ralph George** **RALPH GEORGE** **1-20-99** **941-727-1444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)