

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 # **687758** (3)
1. Corporation Name
WILKINSON STEEL COMPANY, INC.



Principal Place of Business: **3210 FAYE ROAD JACKSONVILLE FL 32226**
Mailing Address: **3210 FAYE ROAD JACKSONVILLE FL 32226**

3. Date Incorporated or Qualified: **09/15/1980**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2023590**
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 (21-24)
2a. Mailing Address (25-29)
26. State, Apt. #, etc.
27. State, Apt. #, etc.
28. City & State
29. City & State
25. Zip
26. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINSON, WARREN B
5285 RIVERTON ROAD
JACKSONVILLE FL 32277**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: _____ (Date) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, WARREN B	1.2 NAME	
STREET ADDRESS	5265 RIVERTON ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-STATE-ZIP	32277
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, HELEN G	2.2 NAME	
STREET ADDRESS	5265 RIVERTON ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-STATE-ZIP	32277
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, FREDERICK M.	3.2 NAME	
STREET ADDRESS	21 ARBOR CLUD DR, #210	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-STATE-ZIP	32082
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXFORD, SUSAN E.	4.2 NAME	
STREET ADDRESS	8260 E. ARABIAN TRAIL #158	4.3 STREET ADDRESS	9030 E. Conquistadores
CITY-STATE-ZIP	SCOTTSDALE AZ	4.4 CITY-STATE-ZIP	Scottsdale, AZ 85255
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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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: Warren B. Wilkinson Warren B. Wilkinson 1/18/96 (904) 757-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/tn. Phone #

CR2E034 (12/95)