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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gwen B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008557 (0)

1. Corporation Name
STEEL FAB, INC.

Principal Place of Business Mailing Address
274 POWERLINE ROAD 274 POWERLINE ROAD
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/30/1992 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 **203 W. MARION AVE** 26 **274 POWERLINE RD**

4. FEI Number Applied For
59-3168163 Not Applicable

22 **# 7** 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **EDGEWATER FLA.** 28 **NEW SMYRNA FLA.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32132** 25 **LOUISIA** 29 **32168** 30 **LOUISIA**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, THEODORE A
274 POWERLINE ROAD
NEW SMYRNA BEACH FL 32168**

81 Name **Theodore A. Jones**
82 Street Address (P.O. Box Number is Not Acceptable) **274 POWERLINE RD**
83
84 City **NEW SMYRNA FL** 85 Zip Code **32168**

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 this 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 **Theodore A. Jones Theodore A. Jones President 4/17/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
NAME **JONES, THEODORE A**
STREET ADDRESS **274 POWERLINE RD.**
CITY - ST - ZIP **NEW SMYRNA BEACH FL 32168**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **JONES, DOROTHY C**
STREET ADDRESS **274 POWERLINE RD.**
CITY - ST - ZIP **NEW SMYRNA BEACH FL 32168**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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: **Theodore A. Jones Theodore A. Jones President 4/17/95 904-426-6110**
Signature and typed or printed name of signing officer or director Date Telephone Number