


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

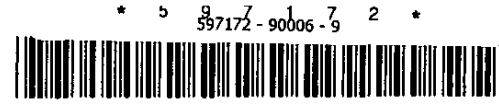
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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000008557**

1. Corporation Name  
**STEEL FAB STRUCTURES, INC.**



Principal Place of Business 284 KEMP ROAD SWAINSBORO GA 30401 US	Mailing Address 274 POWERLINE ROAD NEW SMYRNA FL 32168 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>284 Kemp RD</b>	4. FEI Number <b>59-3168163</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State <b>SWAINSBORO, GA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29 <b>30401</b>	Country 30 <b>EMANUAL</b>

3. Date Incorporated or Qualified <b>11/30/1992</b>
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JONES, THEODORE A 274 POWERLINE ROAD NEW SMYRNA FL 32168</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: *Theodore A. Jones* **Theodore A. Jones** **7-19-99**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>JONES, THEODORE A</b> <b>274 POWERLINE RD.</b> <b>NEW SMYRNA BEACH FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>JONES, DOROTHY C</b> <b>274 POWERLINE RD.</b> <b>NEW SMYRNA BEACH FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jones, Theodore A.</b> <b>284 Kemp RD</b> <b>SWAINSBORO, GA 30401</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V. Pres.</b> <b>Jones, Dorothy C.</b> <b>284 Kemp RD</b> <b>SWAINSBORO, GA. 30401</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Theodore A. Jones* **Theodore A. Jones** **7-19-99** **912-562-3480**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

591172-90006-9  
P92000008557

Steel-fab Structures Inc.

284 Kemp Rd

Swainboro, Ga. 30401

7-19-99

Division of Corporation  
Tallahassee, Fla.

We have mailed on 1/1/89 and did not  
receive the first notice of your Report.  
I spoke to a person in your office and  
was told to mail \$150.00 and the 2nd notice  
in: if we had received the first notice  
we would have paid in a timely manner.  
1st notice must have gotten lost in the  
changing of address.

Thank you

Theodor A Jones  
Pres.