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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90269 001 ***150.00

DOCUMENT # P93000043195

1. Corporation Name

Principal Place of Business

TAMPA ROLLFORM, INC.

3. Date Incorporated or Qualifed 06/18/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3189967 Not Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 50-3189967 Suite, Apt. #, etc. Suite, Apt. #, etc. 50-3189967 Not Applied For Suite, Apt. #, etc. Suite, A	227 MERIDIAN TAMPA FL 33602 US		P O BOX 24076 TAMPA FL 33623 US			DO NOT WRITE IN TH	HS SPACE
Suite, Apt. #, etc. Suite, Ap		. •					
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City & State Country Solution City & State Country Solution Solut	4 -	26				59-3189967	· · · Not Applicable
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BUSS, MICHAEL E. 227 N MERIDIAN TAMPA FL 33602 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			⊢	\pt. #, etc.		5. Certifcate of Status Desired	•
9. Name and Address of Current Registered Agent BUSS, MICHAEL E. 227 N MERIDIAN TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83	1	ite .					
BUSS, MICHAEL E. 227 N MERIDIAN TAMPA FL 33602 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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12	Zip `		_ · _	- ´			
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE						
	40			·	t signature requ		AND DIRECTORS IN 12
THE PERSONNEL PRINCE			·			ADDITIONS/CHANGES TO OFFICERS	
NAME MICHAEL E RUSS 12 NAME		· ·	□ nerete		1		C. Gridings C. P. Monton

227 N. MERIDIAN STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE S SARAH BUSS 2.2 NAME NAME 227 N. MERIDIAN 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE ☐ Change TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-17-99 (813)229-6188

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