

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 # **P95000092020 (3)**

1. Corporation Name
HOLLIS STEEL, INC.



Principal Place of Business
**613 ARMENIA DRIVE
PENSACOLA FL 32505**

Mailing Address
**613 ARMENIA DRIVE
PENSACOLA FL 32505**

3. Date Incorporated or Qualified: **12/04/1995**
3a. Date of Last Report: _____
4. FEI Number: **69-3347726** Applied For: _____
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. _____
22. Suite, Apt. #, etc. _____
23. City & State _____
24. Zip _____ 25. Country _____
2a. Mailing Address
26. _____
27. Suite, Apt. #, etc. _____
28. City & State _____
29. Zip _____ 30. Country _____

9. Name and Address of Current Registered Agent

**HOLLIS, JEFFREY
613 ARMENIA DRIVE
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

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 _____

Signature typed or printed name of registered agent or officer or director

Date Registered Agent(s) last reported annual filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	SHARON B Hollis	
STREET ADDRESS	613 ARMENIA DR	
CITY - ST - ZIP	PENSACOLA, FL 32505	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Jeffrey E. Hollis* **JEFFREY E. Hollis** **PRESIDENT**

4/22/96

904-435-6819

CR2E034 (12/95)