

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90081 039 ***150.00

DOCUMENT # 291333

1. Corporation Name
HERRON STEEL CO., INC.

Principal Place of Business
RT 10 BOX 408
TALLAHASSEE FL 32310-9062

Mailing Address
RT 10 BOX 408
TALLAHASSEE FL 32310-9062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 2441

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32316

Country

30 LEON

9. Name and Address of Current Registered Agent

HERRON, WILLIAM H. SR.
1008 HAYES
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

03/29/1965

4. FEI Number
59-1093213

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	HERRON, WILLIAM H. SR.	1008 HAYES ST.	TALLAHASSEE FL	<input type="checkbox"/>
PTD	HERRON, WILLIAM H. JR.	95 MAPLEWOOD DRIVE	CRAWFORDVILLE FL	<input type="checkbox"/>
VSD	HERRON, RUSSELL A.	544 HICKORYWOOD DRIVE	CRAWFORDVILLE FL	<input type="checkbox"/>
D	HERRON, MARY A.	1008 HAYES ST.	TALLAHASSEE FL	<input type="checkbox"/>
D	HERRON, ROBERT	6020 WILLIAMS RD	TALLAHASSEE FL 32301	<input type="checkbox"/>
D	LOVELAND, BARBARA	19 COACHES AVE	GREEN ISLAND NY 12183	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D SHIFLETT, PAMELA	7817 NILO LANE	TALLAHASSEE FL 32311		D. BROWN SUSAN	6822 WALDEN CIRCLE	TALLAHASSEE FL 32311																

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, with all other like empowered.

SIGNATURE:

W. H. Herron Jr. (W. H. HERRON JR) 1-5-99 850 576 7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)