

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90005 005 ***158.75

DOCUMENT # 291333

1. Entity Name

HERRON STEEL CO., INC.

Principal Place of Business

**1645 SILVERLAKE RD
TALLAHASSEE FL 32310**

Mailing Address

**P.O. BOX 2441
TALLAHASSEE FL 32316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1093213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HERRON WILLIAM H. JR**

Street Address (P.O. Box Number is Not Acceptable)

95 MAPLE WOOD DR

City **CRAWFORDVILLE FL** Zip **32327**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **W H HERRON JR**

(NOTE: Registered Agent signature required when reinstating)

1-8-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHIFLETT, PAMELA**
STREET ADDRESS **7817 NIGO LN**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete
NAME **BROWN, SUSAN**
STREET ADDRESS **6822 LUALDED CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VSD** ☒ Delete
NAME **HERRON, RUSSELL A.**
STREET ADDRESS **544 HICKORYWOOD DRIVE**
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D** ☐ Delete
NAME **HERRON, MARY A.**
STREET ADDRESS **1008 HAYES ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **HERRON, ROBERT**
STREET ADDRESS **6020 WILLIAMS RD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **LOVELAND, BARBARA**
STREET ADDRESS **19 COAOHOES AVE**
CITY-ST-ZIP **GREEN ISLAND NY 12183**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Change ☒ Addition
NAME **HERRON WILLIAM H. JR.**
STREET ADDRESS **95 MAPLEWOOD DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **VS** ☐ Change ☒ Addition
NAME **HERRON MARY W**
STREET ADDRESS **95 MAPLEWOOD DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **D** ☒ Change ☐ Addition
NAME **HERRON RUSSELL A.**
STREET ADDRESS **544 HICKORYWOOD DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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 DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)