

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381002 (5)

1. Corporation Name

ATLAS STEEL FENCE, INC.



Principal Place of Business

Mailing Address

5606 ALTMAN ROAD
P.O. BOX 6
FT. PIERCE FL 34954

5606 ALTMAN ROAD
P.O. BOX 6
FT. PIERCE FL 34954

3. Date Incorporated or Qualified
04/26/1971

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1351508

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROBERTSON, ROY A
5606 ALTMAN ROAD
FORT PIERCE FL 34981

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: Type the printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTSON, ROY
STREET ADDRESS 5606 ALTMAN RD.
CITY-ST-ZIP FORT PIERCE FL

DELETE

TITLE VD
NAME SWANSON, ORA LEE
STREET ADDRESS 5606 ALTMAN RD.
CITY-ST-ZIP FORT PIERCE FL

DELETE

TITLE STD
NAME ROBERTSON, PATRICIA
STREET ADDRESS 5606 ALTMAN RD.
CITY-ST-ZIP FORT PIERCE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR ONLY ☒ Change ☐ Addition

12 NAME Robertson, Roy

13 STREET ADDRESS PO Box 6 "N/A"

14 CITY-ST-ZIP Fort Pierce, FL 34954

21 TITLE VD ☒ Change ☐ Addition

22 NAME SWANSON, ORA LEE

23 STREET ADDRESS PO Box 6 "N/A"

24 CITY-ST-ZIP Fort Pierce FL 34954

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE (Vickie) Chapman, William ☐ Change ☒ Addition

42 NAME PO Box 6 "NA"

43 STREET ADDRESS Fort Pierce FL 34954

44 CITY-ST-ZIP ☐ Change ☒ Addition

51 TITLE Pres/Sec/Tres

52 NAME Bullington, Marisa

53 STREET ADDRESS PO Box 6 "NA"

54 CITY-ST-ZIP Fort Pierce, FL 34954

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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-08/09/96--01021--018
***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marisa D. Bullington - Marisa D. Bullington - Sec/Treas

7/16/96

561-465-4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR