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

PROFIT CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNL	JAL REPORT 1997	PORT Secretary of Sta		y of State		Secre	Secretary of State			
	MENT # 38 STEEL FENCE, INC		(5)			1 (00)DE 11(6) (ELILI 116) BELL BELL 1	113 1131 BHAN BHAN B	1 5 1)	17 8 14 1 98 1	
Principal Piace 5606 ALTMAN I P.O. BOX 6 FT. PIERCE FL	ROAD	5606 P.O.	Mailing Address 5606 ALTMAN ROAD P.O. BOX 6 FT. PIERCE FL 34954-0006							
						 Date Incorporated or Qua 04/26/1971 		ate of Last Re 08/1996	eport	
	lace of Business	}η	Mailing Address	•		4. FEI Number			plied For	
State, Apt	#, etc	···	Suite, Apt. #, etc.			59-1351508 5. Certificate of Status Desire	ed 🔲	\$8.75 A		
City & State	C	27	Dity & State			Election Campaign Financ Trust Fund Contribution	cing	\$5.00 Added to	May Be	
23 Z-p	Countr	y	?(p)	Count	гу	8. This corporation has liabil	ity for intangible	tax under s.		
24	25	29 29 ss of Current Registe	rod Apont	30		Florida Statutes 10. Name and Address of N	Yes [
₽∩R	ERTSON, ROY A	ss or ourient tregiste	ieo raein	8	1 Name	(b) Hallie alle Audiesa (i) it	au undiataian	- gon		
FOOD ALTERAN DOAD						Addison (D.O. Dorok) who is black.				
FORT PIERCE FL 34981					2 Street	Address (P.O. Box Number is Not Ac	cebiablei		}	
				8	3					
				B	4 City			85 Zip C		
			····		[′		FL	, []	į	
11. Pursuant office or r	to the provisions of Sect egistered agent, or both	tions 607.0502 and 601 n. in the State of Florida	7.1508, Florida Statut Such change was a	es, the abo authorized l	ve-named by the con	corporation submits this statement for poration's board of directors. I hereby	r the purpose of accept the app	' changing its cintment as i	s registered registered	
agent La	m familiar with, and acc	ept the obligations of,	Section 607.0505, Flo	orida Statut	es.					
SIGNATURE	Signature, typical or printed name	o of registerest areas and the if	annticatile (NOT	F Rogistered A	nent signature	e required when reinstating)	DATE			
12.		FFICERS AND DIRECT		13.	Bolk all Society	ADDITIONS/CHANGES TO		DIRECTOR	S IN 12	
* }LÉ	D		DELETE	1.1 TOTAL		D,P		Change	Addition	
NAME	ROBERTSON, ROY			1.2 NAM	E .	ROBERTSON, ROY Rd]	
STREET ADDRESS	P.O. BOX 6 N/A			13 STRE	et addaess		_]}	
City-St-7/P	FORT PIERCE FL 3	4954		1.4 CITY	-ST-ZIP	G PIERCE F13491	3)		ļ	
Tellf	VD		DELETE	2.1 FiTLE		VD		Change	Addition	
NAME	SWANSON, ORA L	EE		2.2 NAM	E	SWANSON ORALE	رع.			
STREET ADDRESS	PO BOX 6 N/A			2.3 STRE	ET ADDRESS	SWANSON, ORALE SCOU ALTMAN FT PIERCE FI	45		- [
C-1Y - ST - ZIP	FORT PIERCE FL 3	4954		2. 4 CITY	- ST - ZiP	FI PIERCE FI	34981			
TITLE	VP	_	DELETE	3.1 TITLE				Change	Addition	
MAME	CHAPMAN, WILLIA	M		32 NAM	E.	(
STREET ADDRESS	PO BOX 6 NA			3 3 STAE	ET ADDRESS				1	
CHY-S1-ZIF	FORT PIERCE FL 3	4954		3.4. CITY	-ST-ZIP		./			
mut	PST		DELETE	4.1 T(TLE	_	ST	_	Change	Addition	
NAME	BULLINGTON, MAR	nsa		4. 2 NAM	tE	BULLINGTON, MAZ 5004 ALTMAN FT PIEZCE FIE	ISA			
STREET ADDRESS	P.O. BOX 6 N/A			4.3 STRE	ET ADDRESS	SCOU ALTMAN	Ra			
C(TY+S1+ZIP	FORT PIERCE FL 3	4954		4.4 CITY	-ST-ZIP	FT PISSUE FIS	34981	· n-u · n-u		
THE			DELETE	5.1 TITLE	: :			☐ Change	Addition	
NAME				52 NAM	E]				
STREET ADDRESS				53 STRE	et address	!			Į.	
C(TY+ST+Z)F				5.4 CITY	-ST-ZIP		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE	_		☐ DELETE	6.1 T(TLE	_	· · · · · ·		☐ Change	Addition	
NAME				6.2 NAM	E					

6.4 CITY-ST-ZIP CHTY - ST - ZVP 14. I do 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

May 09 1997 8:00am