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

DOCUMENT # 406206

1. Corporation Name

COPELAND STEEL ERECTORS, INC.

Principal Place of Business Mailing Address							((Beilt 5/8)) 46/19 Eilis 1/80 95/19 E(1) 6/81/ 5/81/ 5/81/ 6/81/ 5/81/
9620 COPELAND DR.			P.O. BOX 2087				
ZEPHYRHILLS FL 33540			ZEPHYRHILL\$ FL 33539				DO NOT WRITE IN THIS SPACE
J\$			US				3. Date Incorporated or Qualifed
							08/03/1972
2 Principal P	Place of Business	2a, M	failing Address		_		4. FEI Number Applied For
-			26				59-1574024 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & Star	te		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28				Trust Fund Contribution Added to Fees
Zip Country		Z	Zip Country				8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Register	red Agent				10. Name and Address of New Registered Agent
				8	1	Name	
MORROW, D. WILLIAM				8:	<u>+</u>	Street A	Address (P.O. Box Number is Not Acceptable)
4902 S. WALLACE ROAD							
PLANT CITY FL 33567							
				84	4	City	85 Zip Code
					•	City	FL S Esp seed
office or	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida.	Such change was a	uthorized b	уt	named corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
•	•	auons or, o	ection cor.cscs, Fic	inda Otalulo	,		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if ar	oplicable. (NOTE	Registered Ag	ent	signature req	equired when reinstating) DATE
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO		☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	MORROW, D. WILLIAM			1.2 NAME	<u>:</u>		
STREET ADDRESS	4902 S. WALLACE ROAD			1.3 STRE	ET/	ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567			1.4 CITY-	ST-	-ZIP	
TITLE	VP		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	BAILEY, RICK			2.2 NAME		Ì	
STREET ADDRESS	5211 LANDSMAN AVENUE			2.3 STRE	ET/	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625			2.4 CITY-	-ST	r-ZIP	
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME	=		Note as
STREET ADDRESS				3.3 STRE	EΤ	ADDRESS	
CITY-ST-ZIP				3.4. CITY	-ST	r-ZIP	
TITLE			□ D€LETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAM	E		
STREET ADDRESS				4.3 STRE	EΤ	ADDRESS	
CITY-ST-ZIP				44 CITY-			1
TITLE			☐ DELETE	5.1 TITLE		-+	☐ Change ☐ Addition
NAME				5.2 NAME	=	- 1	
STREET ADDRESS				5.3 STRE	£Τ	ADDRESS	
CITY-ST-ZIP	1			5.4 CITY-	·ST-	- ZIP	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME	=		
STREET ADDRESS				6.3 STRE	EΤ	ADDRESS	!

CITY-ST-ZIP 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:

813-71**5**-0404

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90076 032 ***150.00