FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **453798** **(1)**

1. Corporation Name

BUCCANEER STEEL ERECTORS, INC.

Principal Place of Business
301 DOUGLAS RD.
PO BOX 389
OLDSMAR FL 34677

Mailing Address
301 DOUGLAS RD.
PO BOX 389
OLDSMAR FL 34677

3. Date Incorporated or Qualified: 05/28/1974
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-1639228 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WILSON, WARREN A III
624 US HWY 19 S
PALM HARBOR FL 34684

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 607.1503, 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 of New Registered Agent or Authorized Officer or Director — Date

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	MCKELL, DAVID H	
STREET ADDRESS	3012 101ST ST, E	
CITY-ST-ZIP	PALMETTO, FL 00000	
TITLE	P	☐ DELETE
NAME	LEE, COY R	
STREET ADDRESS	918 STATE STREET	
CITY-ST-ZIP	OLDSMAR, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Owner	☒ Change ☐ Addition
1.2 NAME	McKell, David H.	
1.3 STREET ADDRESS	3012 101st Street E.	
1.4 CITY-ST-ZIP	Palmetto, FL 34221	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Cynthia K. Lee	
2.3 STREET ADDRESS	600 Clarendon St.	
2.4 CITY-ST-ZIP	Oldsmar, FL 34677	
3.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
3.2 NAME	Dorothy H. Lee	
3.3 STREET ADDRESS	918 State Street	
3.4 CITY-ST-ZIP	Oldsmar, FL 34677	
4.1 TITLE	Director/Owner	☒ Change ☐ Addition
4.2 NAME	Coy R. Lee	
4.3 STREET ADDRESS	918 State Street	
4.4 CITY-ST-ZIP	Oldsmar, FL 34677	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valuable for 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attached typed sheet.

SIGNATURE: Cynthia K Lee — Cynthia K. Lee, Vice President — 3/14/96 — (813) 855-6940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #