FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # 453798 (1)

1. Corporation Name
BUCCANEER STEEL ERECTORS, INC.

[redacted]

Principal Place of Business	Mailing Address
301 DOUGLAS RD. PO BOX 389 OLDSMAR FL 34677	301 DOUGLAS RD. PO BOX 389 OLDSMAR FL 34677-0007

3. Date Incorporated or Qualified: 05/28/1974
3a. Date of Last Repo: 03/20/1997

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1639228 (Applie / Not A)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Add Fee Requi
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 M Added to F
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 19 Florida Statutes ☐ Yes ☐ No

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 Cod

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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PO	☐ DELETE	1.1 TITLE	☐ Change
NAME	MCKELL, DAVID H		1.2 NAME	
STREET ADDRESS	3012 101ST ST. E		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 00000		1.4 CITY-ST-ZIP	
TITLE	DO	☐ DELETE	2.1 TITLE	☐ Change
NAME	LEE, COY R		2.2 NAME	
STREET ADDRESS	918 STATE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change
NAME	LEE, CYNTHIA K		3.2 NAME	
STREET ADDRESS	600 CLAREDON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change
NAME	LEE, DOROTHY H		4.2 NAME	
STREET ADDRESS	918 STATE ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***150.00
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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 th 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 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 nam appears in Block 12 or Block 13 changed, on an attachment with an address.

SIGNATURE: Cynthia K Lee Cindy K. Lee 4/27/98
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime phone #