

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 463145

(3)

95 JUN 30 AM 9:52

1. Corporation Name

GALAXY STEEL, INC.

Principal Place of Business

**1290 LILY COURT
MARCO ISLAND FL 33907**

Mailing Address

**1290 LILY COURT
MARCO ISLAND FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1974

3a. Date of Last Report

08/15/1994

4. FEI Number

59-1558847

Applied For

Not Application

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Certificate Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for entering the tax under s. 193 (012)

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**COSTELLO, BART J
1290 LILY COURT
MARCO ISLAND FL 33907**

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 607.1508, 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 (Typed or Printed Name) of Registered Agent or the Agent

Signature (Typed or Printed Name) of Registered Agent or the Agent

ALL

12. OFFICERS AND DIRECTORS

13. ADDED OR CHANGED TO THE OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

**PO
COSTELLO, BART J
1290 LILY COURT
MARCO ISLAND FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

**S
YOUNG, JAMES F
10 LAKE VILLA WAY
KISSIMMEE, FL 00000**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

1. TITLE
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3. STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, certify that the information suggested with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(6), Florida Statutes. I further certify that the information entered on this annual report or suggested 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 registered agent or the person suggested to make up 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.

SIGNATURE:

Bart J. Costello

SIGNATURE (AND PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

6/26/95 941-394-7116