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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 505925 (8)

1. Corporation Name
B & L STEEL ERECTORS, INC.

Principal Place of Business
2417 N OLD DIXIE HWY
KISSIMMEE FL 34744

Mailing Address
2417 N OLD DIXIE HWY
KISSIMMEE FL 34744-2420



3. Date Incorporated or Qualified 06/28/1976
3a. Date of Last Report 02/16/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1671932
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LA FORCE, ROBERT L
2417 N OLD DIXIE HWY
KISSIMMEE, FLA
KISSIMMEE FL 32743

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LA FORCE, ROBERT L.
STREET ADDRESS 2417 N. OLD DIXIE HWY
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME LA FORCE, ROBERT L
1.3 STREET ADDRESS 2417 N. OLD DIXIE HWY.
1.4 CITY-ST-ZIP KISSIMMEE, FL

TITLE S ☐ DELETE
NAME BARKLEY, HARDIN L.
STREET ADDRESS RT 2 BOX 542
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE P D ☒ Change ☐ Addition
2.2 NAME BARKLEY, HARDIN L.
2.3 STREET ADDRESS RT 2, BOX 542
2.4 CITY-ST-ZIP KISSIMMEE, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Hardin L. Barkley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 (407)847-2804
Date Daytime Phone #

CR2E034 (9/96)