FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 551690 (1)

SURPLUS STEEL AND SUPPLY, INC.

Principal Place of Business	Mailing Address
ORANGE COUNTY INDUSTRIAL PARK P.O. BOX 607976 ORLANDO FL 32860-4976	ORANGE COUNTY INDUSTRIAL PARK P.O. BOX 607976 ORLANDO FL 32860-7976 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1977
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1953523 — 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) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GOLDMAN, STEVEN M.
1460 SHELLMOUND RD.
ENTERPRISE FL 32725

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	GAMSON, ROBERT J.	1 2 NAME	
STREET ADDRESS	1501 THE OAKS	1 3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, STEVEN M.	2 2 NAME	
STREET ADDRESS	1460 SHELLMOUND RD.	2 3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	V/D ☒ Change ☐ Addition
NAME	SOROKURS, STANLEY I.	3 2 NAME	DELETE
STREET ADDRESS	2901 BRIDGEHAMPTON LANE	3 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	CHIU, ERIC W-K	4 2 NAME	
STREET ADDRESS	2156 MAJESTIC WOODS BLVD	4 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	S ☐ Change ☒ Addition
NAME		5 2 NAME	LYNN ROBERTS
STREET ADDRESS		5 3 STREET ADDRESS	3171 S. WINDCHIME CIRCLE
CITY-ST-ZIP		5 4 CITY-ST-ZIP	APOPKA FL 32703
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 all addresses.

SIGNATURE: Stanley I. Sorokurs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY SOROKURS

Date

407-293-5788
Daytime Phone #

0410153 FP