

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:49

DOCUMENT # 596216 (2)

1. Corporation Name

SHULNBURG SCRAP METAL OF ST. PETE, INC.

Principal Place of Business

Mailing Address

5116 E. SHADOWLAWN AVE.
TAMPA FL 33610

5116 E. SHADOWLAWN AVE.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1978
3a. Date of Last Report 03/03/1994

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 300

4. FEI Number

59-2935812

Applied For
Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

23. City & State

28. City & State

Gibsonton, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

33534

Hillsborough

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

PERLMAN, JOSEPH
1101 BELCHER RD S
SUITE B
LARGO FL 34641

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 607.0503 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

Registered Agent or former agent of registered agent and not applicable

Former Registered Agent separate registered office registration

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHULNBURG, R V
STREET ADDRESS 5116 E. SHADOWLAWN AVE.
CITY, ST, ZIP TAMPA, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
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 hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption subject to Section 191.017(4)(a), 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 former or former empowered to execute this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or 13 of this report or on an attachment with an address.

SIGNATURE:

R. V. Shulnburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

813-677-1606