FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # 636065 (5)

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation
KENNETH O. MCDONALD STEEL FABRICATORS, INC.

Principal Place of Business
602 MIDWOOD DRIVE
PLANT CITY FL 33567

Mailing Address
602 MIDWOOD DRIVE
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1979
3a. Date of Last Report: 04/26/1994

21 2. Principal Place of Business
26 2a. Mailing Address

4. FEI Number: 59-1952572 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. # or Rm. #
27 Suite, Apt. # or Rm. #

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

23 City & State
28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip 25 County
29 Zip 30 County

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, KENNETH O SR
602 MIDWOOD DRIVE
PLANT CITY FL

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 Section 607.1502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MCDONALD, KENNETH O SR	NAME	
STREET ADDRESS	602 MIDWOOD DRIVE	STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	CITY ST ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MCDONALD, KENNETH O JR	NAME	
STREET ADDRESS	602 MIDWOOD DRIVE	STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	CITY ST ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	MCDONALD, GLENN	NAME	
STREET ADDRESS	602 MIDWOOD DRIVE	STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MCDONALD, KARY	NAME	
STREET ADDRESS	602 MIDWOOD DR	STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	CITY ST ZIP	
TITLE	M	TITLE	☐ Change ☐ Addition
NAME	MCDONALD, DENISE	NAME	
STREET ADDRESS	602 MIDWOOD DR	STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: Kenneth O. McDonald Sr. KENNETH O. McDONALD 4/26/95 813-752-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0288069 CP