

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:45**

DOCUMENT # 756566 (6)
1. Corporation Name
FLORIDA STEEL CORPORATION FOUNDATION, INC.

Principal Place of Business

**1715 CLEVELAND ST
TAMPA FL 33606
US**

Mailing Address

**P O BOX 31328
TAMPA FL 33631
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2162362	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HILL, M F
1715 CLEVELAND ST
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 consenting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PRESIDENT
NAME	HOUGE, J. C.	1.2 NAME	PHILLIP CARRY
STREET ADDRESS	1715 CLEVELAND ST	1.3 STREET ADDRESS	1715 CLEVELAND ST
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	TAMPA, FL
TITLE	PD	2.1 TITLE	DIRECTOR
NAME	CREED, T. G.	2.2 NAME	CREED, T. G.
STREET ADDRESS	1715 CLEVELAND ST	2.3 STREET ADDRESS	1715 CLEVELAND ST
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL
TITLE	STD	3.1 TITLE	
NAME	HILL, M F	3.2 NAME	
STREET ADDRESS	1715 CLEVELAND ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95 (S/3) 251-8811
Date Signature Printed Name