NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90045 013 ****61.25

1. Corporation Name

AMERISTEEL FOUNDATION, INC.						- 13 - 61-00-0			
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Principal Place		Mailing Address							
5100 W LEMON ST P O BOX 31328 312' TAMPA FL 33631									
TAMPA FL' 33609 US									
US									
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Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qua	lifed		
21		26				02/27/1981			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			İ	4. FEI Number 59-2162362		-	plied For
22		27		_		39-2 102302			t Applicable
City & Stat	ė	City & State				5. Certifcate of Status Desire	ed 🗌	\$8.75 A	I .
Zip	Country	Zip	Count			6. Election Campaign Finan	cina _	\$5.00	May Re
24	25	— · r	30	•		Trust Fund Contribution	J'9	Added t	
)	9. Name and Address of Current					10. Name and Address of N	ew Registere	d Agent	
			8	1 Nam	е				į
LANDA, T	.J.		8	2 Stree	t Address	(P.O. Box Number is Not Ac	ceptable)		
5100 W LEMON ST			O Sidel Addi						
312			8	3					
tampa fi	_ 33609		8	4 City				. 85 Zip (Code
			+	1			F	L	
44 0	1- 11 C47 0E01								
Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s the abo	ve-name	d corpora	tion submits this statement for	r the purpose	of changing its	registered
office or n agent. I a	egistered agent for both; in the State of familiar with and accept the obligation	2 and 617.1508, Florida Statute of Florida. Such change was au ighs of, Section 617.0503, Flori	s the abo ithorized b ida Statute	ve-name y the cores.	d corpora poration's	tion submits this statement for s board of directors. I hereby a	r the purpose accept the app	of changing its pointment as re	registered gistered
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CITY-ST-ZIP 14. I 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition