

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 048 ***150.00

0502999

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12942

1. Corporation Name

OWENS STEEL ERECTION, INC.

Principal Place of Business

1819 LEXINGTON PLACE
963 ALCAZAR WAY SOUTH
TARPON SPRINGS FL 34689
US

Mailing Address

PO BOX 220
963 ALCAZAR WAY SOUTH
TARPON SPRINGS FL 34688
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1980

4. FEI Number

59-2053296

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1819 LEXINGTON PLACE

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS, FL

Zip

24 34689

Country

25

2a. Mailing Address

26 P.O. Box 220

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS

Zip

29 FL

Country

30 34688

9. Name and Address of Current Registered Agent

OWENS, ROBERT
963 ALCAZAR WAY SOUTH
ST PETERSBURG FL 33705

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 provisions 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME OWENS, ROBERT
STREET ADDRESS 963 ALCAZAR WAY SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☐ DELETE

NAME OWENS, SHARON
STREET ADDRESS 963 ALCAZAR WAY SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ROBERT OWENS
1.3 STREET ADDRESS 1819 LEXINGTON PLACE
1.4 CITY-ST-ZIP TARPON SPRINGS, FL. 34689

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SHARON OWENS
2.3 STREET ADDRESS 1819 LEXINGTON PLACE
2.4 CITY-ST-ZIP TARPON SPRINGS, FL. 34689

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-99 (727) 943-5700

CR2E034 (11/98)