Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90095 024 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	VIEN 1 # F94094				*		
1. Corporation Name							
LIBERIA	STEEL ERECTORS, INC.						ALL BIBIL (88)
Principal Place	e of Business	Mailing Address	<del>_</del>		-	91811 01911 81811 01	<b>9</b> )( <b>4</b> ) <b>9</b> () 198(
921 SHADOW DR. 921 SHADOW DR.							
4 4					DO NOT WORTH IN THE ODACE		
LAKELAND FL 33809 LAKELAND FL 33809					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 08/10/1982		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21	¬ ·				59-2214171	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22	27				5. Certificate of Status Desired	Fee Rec	luired
- City & State - City & State					6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Mana	10. Name and Address of New Registered	Agent	
AND	DEM CECELIA M		*'	Name			
ANDREW, CECELIA M. 3435 BARLEY COURT				Street Addre	ess (P.O. Box Number is Not Acceptable)		- ·
LAKELAND FL 33803					<u> </u>		
r			84	City	FI	85 Zip C	ode
							rogistored
office or r	existered agent or both in the State	of Florida, Such channe was	authorized by tr	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statutes.	•			
SIGNATURE			E: Registered Agent s		when reinstating) OATE		\
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	ANDREW, CECELIAN M.	<u></u>	1,2 NAME				
STREET ADDRESS	3435 BARLEY CT.		1.3 STREET A	ODRESS	•		ĺ
	LAKELAND FL		1.4 CITY-ST-		•		
CITY-ST-ZIP TITLE	SV	□ DELETE	2.1 TITLE		1	☐ Change	Addition
NAME	HARRIS, TIMOTHY L.		2.2 NAME		•		
STREET ADDRESS	838 ARIETTA CIRCLE E		2.3 STREET A	DORESS	, a make a disper		,
CITY-ST-ZIP	AUBURNDALE FL 33823		2. 4 CITY-ST-	. ZIP			
TITLE	V	☐ DELETE	3.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition
NAME	HARRIS, TERRY L.		3.2 NAME	j	•		
STREET ADDRESS	4401 HARDEN BLVD		3.3 STREET A	NDORESS			1
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-	ZIP		·	
TITLE	TS	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	HARRIS,KENNETH A.		4.2 NAME				
STREET ADDRESS	4630 SLOEWOOD CT		4.3 STREET A	ADDRESS			
CITY-ST-ZIP	MT. DORA FL		4.4 CITY-ST-	ZIP	•		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition \
NAME			5.2 NAME			,	
STREET ADDRESS			5.3 STREET A	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		•		
\$	1						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Cecelia Andrew 01/08/99