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**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F95000005378 (3)** *NC 12/23/97*  
 1. Corporation Name  
~~INDUSTRIAL GALVANIZERS AMERICA, INC.~~  
**INDUSTRIAL GALVANIZERS - SOUTHEASTERN, INC.**



Principal Place of Business: **C/O SOUTHEASTERN GALV. DIV. PO BOX 1367 MANGO FL 33550**

Mailing Address: **C/O DELTA AMERICA SUITE 117, 433 S. MAIN ST. W. HARTFORD CT 06110-2815**

3. Date Incorporated or Qualified: **11/02/1995**

3a. Date of Last Report: **02/12/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: <b>59-3337381</b>	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	2d. Zip	30. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	<b>P/D SMITS, PAUL M C/O DELTA, SUITE 117, 433 S. MAIN STREET WEST HARTFORD CT 06110</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	<b>T/D RUTH, JOHN G. C/O DELTA, SUITE 117, 433 S. MAIN STREET WEST HARTFORD CT 06110</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
TITLE: <input type="checkbox"/> DELETE	<b>S ATKINSON, TODD G. C/O DELTA, SUITE 117, 433 S. MAIN STREET WEST HARTFORD CT 06110</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	<b>V PETERSON, FRANK M. C/O SEG., 9520 EAST BROADWAY TAMPA FL 33619</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T Sheppard, Shawn G c/o SEG, 9520 East Broadway Tamp FL 33619</b>
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>900002138669 -04/10/97--01005--021 ***165.00</b>

14. I do 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.

SIGNATURE: *[Signature]* Director **4/2/97 860-561-2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)