2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # F9800003224 05-15-2001 90187 035 ***150.00 DOTHAN STEEL & SUPPLY CO., INC. Principal Place of Business Mailing Address 531 ROSS CLARK CIRCLE 531 ROSS CLARK CIRCLE HIECOUU DOTHAN AL 36303 DOTHAN AL 36303 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 72-1380092 Not Applicable Country \$8.75-Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITL F TIT! F NAME NAME DOWNS, JAMES E STREET ADDRESS STREET ADDRESS #12 FOXCHASE CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME DOWNS, JOHN E STREET ADDRESS STREET ADDRESS 812 N SHADY LANE CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL TITLE Change Addition Delete ST NAME NAME COOK, JOHNNY L STREET ADDRESS STREET ADDRESS 308 VIRGINIA DR CITY-ST-ZIP CITY-ST-ZIP <u>Dothan al</u> Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR

Date

Dat

13. 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 report or supplemental 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 11 or Block 12 if