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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

DOCUMENT # G51899

1. Corporation Name

AMERICAN STRUCTURAL SYSTEMS, INC.

Principal Place of Business	
1999 THE CROVE-RD	

FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90196 041 ***150.00

Mailing Address P.O. BOX 861 ORANGE PARK FL 32067-0861 ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 09/01/1983 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2497081 No Applicable (04) FOX VALLE 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Re quired 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Country Zip 2073 Yes TNo C Personal Property Tax. 24 LI AV 29 30 9. Name and Address of Curren: Registered Agent 10. Name and Address of New Registered Agent 81 Name BREAULT, HUGUETTE 82 Street Address (P.O. Box Number is Not Acceptable) 1289 THE GROVE ROAD ORANGE PARK FL 32073 83 84 City 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 egistered 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. (NOTE. Registered Agent signature req iired when reinstating) Signature, typed or printed name of registered agen; and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE LE H. Breault 1.1 TITLE TITLE 64 For Valley Dr. NAME BREAULT, HUGUETTE 1.2 NAME Orange Park, FL 32075 1289 THE GROVE RD 1 3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP 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 recluired 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

CR2E034 (11/98