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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G57224

FILED Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90046 023 ***150.00

MANOR	R STEEL FABI	RICATORS INC.					
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Principal Plac	ce of Business		Mailing Address		1 1441141 BEB! BIII. 18816 118	.ee., e.e. e.e., é.e., é.e., é.e.	Aii 21211 A1\$11 1941
1507 18TH AV	ENUE DRIVE E.		1507 18TH AVENUE DR	IVE E.	·		•
PALMETTO FL	. 34,221		PALMETTO FL 34221		DO NOT V	VRITE IN THIS SPACE	
				•	Date Incorporated or Quality		
					08/29/1983		
2. Principal f	Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21			26		59-2340320	•	Not Applicable
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			\$8.7	5 Additional
22			27		5. Certificate of Status Desired	Fee	Required
City & Sta	ate		City & State		6. Election Campaign Financi		0 May Be
23			28		Trust Fund Contribution	Adde	ed to Fees
Zip		Country	Zip	Country	8. This corporation owes the	· <u>-</u>	∽
24	25		29	30	Personal Property Tax.	☐ Yes	XINo
	9. Name and	Address of Current	Registered Agent	81 Name	10. Name and Address of Ne	w Registered Agent	
SKI	FFINGTON, MAI	RTIN F.					
	1 33RD STREE			82 Street Ad	ddress (P.O. Box Number is Not Acc	eptable)	
	ADENTON FL 34			83	1 25 TRAS From 18 SE 18 18 18 18 18 18 18 18 18 18 18 18 18	15 'A . 314, W	- 15 50'20 1125 10 3181 250 1181
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		•		84 City		□ 85 Z	ip Code
TANK COSCI ILI	Control Colon S. R			**************************************	orporation submits this statement for ation's board of directors. I hereby ac	the purpose of changing	ite registered
agent. I	am familiar with, a	nd accept the obligation	no of Continu CO7 OFOE				
CICNATURE	-		ons of, Section 607.0505, i	Florida Statutés.			
SIGNATURE	Signature, typed or prin	nted name of registered agent		Florida Statutés. DTE: Registered Agent signature requ	uired when reinstating) / 350 [3.5	DATE	
12.	Signature, typed or prin		und title if applicable. (NO	DTE: Registered Agent signature requals.	uired when reinstating) : 35 (1.5 ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECT	TORS IN 12
12.	Signature, typed or prin	OFFICERS AND	und title if applicable. (NO	DTE: Registered Agent signature required: 13. 1.1 TITLE	uired when reinstating) / 350 [3.5	DATE	TORS IN 12
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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 of 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 EXPED OR PRINTED NAME OF SIGNATURE OF PICER OR DIRECTOR

1-15-99 941-722-8000

CRZE034 (11/98