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**FILED** 

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90015 001 \*\*\*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

## DOCUMENT # H02495

1. Corporation Name

**AVANTI STEEL BUILDINGS INC.** 

Suite, Apt. #, etc.  Signature, byed or printed name of registered agent and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  PD  SIREET ADDRESS CITY. \$1.2P SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY. \$1.2P SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY. \$1.2P SIREET ADDRESS SIREET	•	Business	Mailing Address		i indidit beer anne tent benra ince	, Bitt Bidit 8:811 Biffit aratt midit 8:841	1881
SARASOTA FL 34234 US  US  US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 05/04/1984  2. Principal Place of Business 2. Amalling Address 2. Amalling Address 3. Date incorporated or Qualifed 05/04/1984  4. FEI Number 59-2439890 Not Applied F 59-2439890 Suite, Apt. #, etc. 50. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State 2. City & State 3. Date incorporation of Status Desired Fee Required Fee Required Fee Required Fee Required For Status Desired Fee Required For Status Desired For Status Desired For Status Desired Fee Required For Status Desired For Status Desired Fee Required For Status Desired F	2074 47TH ST		•				1881
2. Principal Place of Business 2. A Mailing Address 3. 4. FEI Number   Applied F   2. Country   2. December   2. Applied F   2. Country   2. December   2. Applied F   3. A		14	SARASOTA FL 34234			IN THIS SPACE	
Sulte, Apt. #, etc.  Sulte, Ap					06/04/1984		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Addition Fee Required City & State   City & State   Status Desired   \$5.00 May B Added to Fees   A	2. Principal Place	of Business	<del>-</del> -		\ "	Applied Fo	
September   State   September   State   September	<del></del>				59-2439890	Not Applic	
City & State  Country  Country  Country  R. This corporation owes the current year Intangible  Personal Property Tax,   Yes   No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  GALLAGHER, LAWRENCE W.  TOS KEY RAVYALE DR:  HOLMES BEACH FL 34217  Sarasu & Fl  Sarasu &		.c.	<del>-</del>		5. Certifcate of Status Desired	1	al
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.   Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10.			<del></del>		& Election Campaign Financing	\$5 DD May Pa	$\neg$
Zip Country  Zip Country  Zip Country  Zip Country  3. This corporation owes the current year Intangible Personal Property Tax.   yes   No  9. Name and Address of Current Registered Agent  GALLAGHER, LAWRENCE W. 703 KEY RAOYALE DR. 20 74 4774 St   82 Street Address (P.O. Box Number is Not Acceptable)  Thou Mes BEACH FL 34217 Saraw ta Fl   84 City Saraw ta Fl   85 Zip Code 34/23/4 Street Address (P.O. Box Number is Not Acceptable)  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 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, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agentative registered when reinstituting)  DATE  STREET ADDRESS  TITLE  D  GALLAGHER, LAWRENCE W. 13 STREET ADDRESS  CITY-ST-ZIP  HOLMES BEACH FL  VOELETE  21 TITLE  QChange  A  CONTY-ST-ZIP  CANAGE  13 STREET ADDRESS  CITY-ST-ZIP  CANAGE  23 STREET ADDRESS  CITY-ST-ZIP  CANAGE  24 CITY-ST-ZIP  B. TITLE  CANAGE  13 STREET ADDRESS  CITY-ST-ZIP  CANAGE  24 CITY-ST-ZIP  CANAGE  25 STREET ADDRESS  CITY-ST-ZIP  CANAGE  24 CITY-ST-ZIP  COUNTY-ST-ZIP  COUNTY-ST-ZIP  CANAGE  CALLAGHER, BARBARA D.  Change  A  Change  CALLAGHER, BARBARA D.  CHANGE TO AGENT AGEN			<del>-</del>		' ' '	Added to Fees	' !
25 29 30 Personal Property Tax.   Yes   No  9. Name and Address of Current Registered Agent  GALLAGHER, LAWRENCE W.  703 KEY RAOYALE DR: HOLMES BEACH FL 34217  Sarasu ta Fl 34 234  84 City Sarasu ta Fl 85 Zip Code 34 234  84 City Sarasu ta Fl 85 Zip Code 34 234  85 City Sarasu ta Fl 86 Signature, typed or printed name of registered agent and title if applicable.  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Sirver Address (P.O. Box Number is Not Acceptable)  84 City Sarasu ta Fl 85 Zip Code 34 234  84 City Sarasu ta Fl 85 Zip Code 34 235  85 Zip Code 34 235  86 City Sarasu ta Fl 87 Sarasu ta Fl 88 Zip Code 34 235  87 Sarasu ta Fl 88 Zip Code 34 235  88 City Sarasu ta Fl 89 Direct Address (P.O. Box Number is Not Acceptable)  85 Zip Code 34 235  86 City Sarasu ta Fl 87 Sarasu ta Fl 88 Zip Code 34 235  87 Sarasu ta Fl 88 Zip Code 34 235  88 City Sarasu ta Address (P.O. Box Number is Not Acceptable)  89 Direct Address (P.O. Box Number is Not Acceptable)  80 Direct Address (P.O. Box Number is Not Acceptable)  81 Name AWrence W. Callagur Abrasulta ta Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Direct Address (P.O. Box Number is Not Acceptable)  84 City Sarasu ta Address (P.O. Box Number is Not Acceptable)  85 Zip Code 34 235  86 City Sarasu ta Address (P.O. Box Number is Not Acceptable)  87 Sarasu ta Address (P.O. Box Number is Not Acceptable)  88 Direct Address (P.O. Box Number is Not Acceptable)  89 Direct Registered Agent Separation to the purpose of changing its register of the purpose of changing its register of the purpose of changing its register of the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida		Country		Country	<del></del>		
9. Name and Address of Current Registered Agent  GALLAGHER, LAWRENCE W. 703 KEY RADYALE DR: 40 City 51. 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 register 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 SIRKET ADDRESS  TITLE PD  MAKE  GALLAGHER, LAWRENCE W.  13 SIRKET ADDRESS  703 KEY ROYAL DR.  HOLMES BEACH FL  OCHANGE  CITY-ST-ZIP  CHANGE  14 City  SITCASOLO  FL  85 Zip Code  34 2.25  86 City  STITUE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 SIRKET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 SIRKET ADDRESS  15 ANAME  GALLAGHER, BARBARA D.  Change  A  Change  A  Change  A  CHANGE  STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14 City  STREET ADDRESS  CITY-ST-ZIP  Change  A  CHANGE	<u> </u>	25	29	30	'	<i>'</i> <u>-</u> _	
GALLAGHER, LAWRENCE W.  703 KEY RAOYALE DR: HOLMES BEACH FL 34217  Sarasu fa Fl 34234  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PD GALLAGHER, LAWRENCE W.  12 HAME  GALLAGHER, LAWRENCE W.  13 STREET ADDRESS  TOP ST. ZIP  HOLMES-BEACH FL  OFFICERS AND DIRECTORS  14 CITY-ST-ZIP  Change  A  CHY-ST-ZIP  Change  A  CHY-ST-ZIP  HOLMES-BEACH-FL  Change  A  CHY-ST-ZIP  CHANGES  CHY-ST-ZIP  CHANGES  CHY-ST-ZIP  CHANGES  CHY-ST-ZIP  CHANGES  CHY-ST-ZIP  CHANGES  CHY-ST-ZIP  CHANGE  CHANGE  CHY-ST-ZIP  CHANGE  CHANGE  CHY-ST-ZIP  CHANGE  CHY-S			<del></del>			gistered Agent	
TOS KEY RADYALE DR: HOLMES BEACH FL 34217  Sa rasu ta Fl 34 23 4  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 register 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  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE  PD Change Address (P.O. Box Number is Not Acceptable)  83  SITURE OFFICERS AND STATE Advance is not a section for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acceptable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE    Change   A				81 Name	Allower Wil Collaghe		1
TOST KET HADTALE DR.  HOLMES BEACH FL 34217  Sarasu fa Fl  34234  84 City Sarasu fa Fl  85 Zip Code  34235  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 register of 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, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE PD DELETE 11 TITLE  NAME  GALLAGHER, LAWRENCE W.  12 NAME  STREET ADDRESS  CITY-ST-ZIP  HOLMES BEACH FL  OChange A  CITY-ST-ZIP  HOLMES BEACH FL  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  HOLMES BEACH FL  24 CITY-ST-ZIP  HOLMES BEACH FL  24 CITY-ST-ZIP  HOLMES BEACH FL  24 CITY-ST-ZIP				82 Street A		<u>/</u>	
Thouast 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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PD  NAME  GALLAGHER, LAWRENCE W.  STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH FL  14. CITY-ST-ZIP  TITLE  D  AME  GALLAGHER, BARBARA D.  STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH FL  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH FL  24. CITY-ST-ZIP				207			
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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  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE  NAME  GALLAGHER, LAWRENCE W.  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  O  GALLAGHER, BARBARA D.  STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  1.4 CITY-ST-ZIP  Change  ACCEPT AGENCY  1.5 TITLE  CHANGE  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.3 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.4 CITY-ST-ZIP  HOLMES-BEACH-FL  2.4 CITY-ST-ZIP						FL 34234	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant to the	e provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was au'	s, the above-named co	orporation submits this statement for the puration's board of directors. I hereby accept	urpose of changing its register the appointment as registered	ed
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE PD DELETE 1.1 TITLE  NAME GALLAGHER, LAWRENCE W. 1.2 NAME  STREET ADDRESS CITY-ST-ZIP  NAME GALLAGHER, BARBARA D. 2.3 STREET ADDRESS  CITY-ST-ZIP  NAME GALLAGHER, BARBARA D. 2.3 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.3 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.4 CITY-ST-ZIP  2.5 STREET ADDRESS  CITY-ST-ZIP  HOLMES-BEACH-FL  2.5 STREET ADDRESS  CITY-ST-ZIP  CONTROL OF THE MEDIAN CONTROL OF THE MEDI	agent. I am far	miliar with, and accept the obligation	ons of, Section 607.0505, Floric	da Statutes.	duoi a bodia oi anonei a i i i i i i i i i i i i i i i i i i	110 Opposition ==g	
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6.4 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 inhual 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 or an appear with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR