

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H51932** (2)

1. Corporation Name

**CLEAR LAKE STEEL OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**301 DE BUEL ROAD  
LUTZ FL 33549**

**301 DE BUEL ROAD  
LUTZ FL 33549**

3. Date Incorporated or Qualified

**04/12/1985**

3a. Date of Last Report

**07/25/1995**

4. FEI Number

**59-2521884**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN BEBBER, WILLIAM  
301 DEBUEL ROAD  
LUTZ FL 33549**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **VAN BEBBER, WILLIAM H.**

11 TITLE

STREET ADDRESS **301 DE BUEL ROAD**

12 NAME

CITY- ST- ZIP **LUTZ FL**

13 STREET ADDRESS

TITLE **PD** ☐ DELETE

14 CITY- ST- ZIP

NAME **VAN BEBBER, WILLIAM H.**

21 TITLE

STREET ADDRESS **15123 LAKE MAGDALENE**

22 NAME

CITY- ST- ZIP **TAMPA FL**

23 STREET ADDRESS

TITLE **VD** ☐ DELETE

24 CITY- ST- ZIP

NAME **VAN BEBBER, ROBERT W.**

31 TITLE

STREET ADDRESS **914 BRIGGETT LANE**

32 NAME

CITY- ST- ZIP **LUTZ FL**

33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY- ST- ZIP

NAME

41 TITLE

STREET ADDRESS

42 NAME

CITY- ST- ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY- ST- ZIP

NAME

51 TITLE

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY- ST- ZIP

NAME

61 TITLE

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)