Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90054 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name JIMISON STEEL SERN	
Principal Place of Business	 Mailing Address
7335 COLLEY ROAD ODESSA FL 33556	7335 COLLEY ROAD ODESSA FL 33556

011110011	07222 02111102, 1110							
Principal Place	of Business	Mailing Address	5			C 100 COLU QUI 1400 I MELO 1100 I MOIO 1011		1811 81811 1881
7335 COLLEY F	ROAD	7335 COLLEY R	OAD					
ODESSA FL 33	556	ODESSA FL 335	56			DO NOT WRITE IN T	HIS SDACE	
						3. Date Incorporated or Qualifed	HIS SPACE	
						08/14/1985		1
Dringing Di	ace of Business	2a. Mailing Add	7000			4. FEI Number	Ani	olied For
<u> </u>	ace of business	26 Walling Add	1033			59-2562407		Applicable
Suite, Apt.	# etc	Suite, Apt. #	f. etc.				\$8.75 A	
	n, 0.0.	27				5. Certifcate of Status Desired	Fee Re	
City & State	 	City & State	······································			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year	r Intangible	
24	25	29	30]		Personal Property Tax.	Yes	□No
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Register	ed Ágent	
				81	Name			1
	son, kathy ann			82	Street Ac	Idress (P.O. Box Number is Not Acceptable)		
	5 COLLEY ROAD			"	00000			
ODE	SSA FL 33556			83				
				84	City		85 Zip (ode
11. Pursuant		7.0500 1.007.4500 Fla					a of changing ite	rogistored
office or re agent. I as	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such chai obligations of, Section 607	nge was autho .0505, Florida	onzed by a Statutes	the corpora	orporation submits this statement for the purposition's board of directors. I hereby accept the a	opomunent as reg	gistered
office or re agent. I as	egistered agent, or both, in the S m familiar with, and accept the c Signature, typed or printed name of registers	State of Florida. Such char obligations of, Section 607 ed agent and title if applicable.	nge was autho .0505, Florida	Orized by a Statutes	the corpora	uired when reinstating) DATE	spomment as re	Jisteleu
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office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sm familiar with, and accept the confidence of registers Signature, typed or printed name of registers OFFICER PD JIMISON, DANIEL W. 7335 COLLEY RD ODESSA FL VD JIMISON, KATHY ANN 7335 COLLEY RD	State of Florida. Such chaid biligations of, Section 607 and title if applicable. S AND DIRECTORS	nge was authonosons. (NOTE: Response) DELETE DELETE	onzed by a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12 Addition
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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 suppliemental annual report is to an 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 attachment with an address) with all other like empowered.

SIGNATURE:

OR Kathy Ann Jimison 3-15-99