


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J10616** (7)
1. Corporation Name
STAINLESS FABRICATORS, INC.

Principal Place of Business
**425 ROBERTS ROAD
OLDSMAR FL 34677**

Mailing Address
**425 ROBERTS ROAD
OLDSMAR FL 34677**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2661019	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BINNEY, KEITH B. 425 ROBERTS ROAD OLDSMAR FL 34677				10. Name and Address of New Registered Agent	
				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 **DO NOT SIGN**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	BINNEY, KEITH B.	1.2 NAME	
STREET ADDRESS	425 ROBERTS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	LARUE, REBECCA	2.2 NAME	
STREET ADDRESS	12602 134TH N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	VP of OPER.
NAME	BINNEY, SCOTT	3.2 NAME	
STREET ADDRESS	10515 OAK HILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34688	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP of PROD.
NAME		4.2 NAME	BINNEY, BRIAN
STREET ADDRESS		4.3 STREET ADDRESS	3752 MURROW ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34688
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **X**

CR2E034 (10/97)