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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J39104 (1)

1. Corporation Name

SOUTHERN STEEL DRUMS, INC.

Principal Place of Business

P.O. BOX 278
ZELLWOOD FL 32798-0278

Mailing Address

P.O. BOX 278
ZELLWOOD FL 32798-0278



3. Date Incorporated or Qualified

10/23/1986

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, J.M.
6191 JONES AVE.
ZELLWOOD FL 32798

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 officer 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 the corporation)

Signature (Typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MURPHY, J.M.	
STREET ADDRESS	6191 JONES AVE	
CITY-STATE-ZIP	ZELLWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GIDDENS, GERALDINE	
STREET ADDRESS	6191 JONES AVE	
CITY-STATE-ZIP	ZELLWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Murphy, J.M.	
3. STREET ADDRESS	6191 Jones Ave	
4. CITY-STATE-ZIP	Zellwood, FL 32798	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	S/T / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Murphy, H.A.	
11. STREET ADDRESS	6191 Jones Ave	
12. CITY-STATE-ZIP	Zellwood, FL 32798	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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: J. M. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

407-889-5500

DATE

CR2E034 (12/95)