**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90122 006 \*\*\*150.00

## DOCUMENT # J44871

AUSBORN STEEL COMPANY, INC.

					and of its		-					
Principal Place of Business Mailing Ad			ailing Address	ress				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
503 10TH ST E P. O. BOX 1268 PALMETTO FL 34221 ONECO FL 34264								DO NOT IN	DITE IN THIS	PRACE		
US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
								11/26/19	86			<del>,,</del>
Principal Place of Business     2a. Mailing Address								4. FEI Number			Ap	plied For
21								59-27445	569		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certifcate of Status Desired			\$8.75	
27								3. Octaion o			Fee Re	equired
City & State City & State									mpaign Financin	g _ m	\$5.00	
23		28						Trust Fund	Contribution		Added	to Fees
Zip	Country		Zip	_	Country	,		8. This corpora	ation owes the c	urrent year In		}
24	25	29		30				Personal Pr			. 🔀 Yes	□No
	9. Name and Address of Curre	nt R <u>egis</u>	tered Agent					10. Name and	Address of Nev	v Registered	Agent	
					81	Name						
LEWIS, BETTY					82	Street	Addre	ss (P.O. Box Nun	nber is Not Acce	ptable)		
2008 GARDEN LANE						•••						
BRA	DENTON 34205				83							
					-						85 Zip	Code
					84	City				FL	_   65   210	C008
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florid	la. Such change was	autho	nzed by	the con	l corpo poration	oration submits thin's board of direct	is statement for t lors. I hereby ac	жи ине арро	intment as re	registered —
	Signature, typed or printed name of registered age			TE: Regi		nt signature	required	when reinstating)		DATE	UD DIDECTO	DDC IN 42
12.	OFFICERS AN	ND DIRE			13.		_	ADDITIONS/	CHANGES TO	OFFICERS AI	Change	Addition
TITLE	DP		☐ DELETE	ı	1.1 TITLE						□ criange	☐ Addition
NAME	AUSBORN, ROBERT W.			ı	1.2 NAME		_		no vet			
STREET ADDRESS	RT 2 BOX 83 A2			1	1.3 STREE	T ADDRESS	$\mid \mathcal{P} \mid$	0. Box 8	831			
CITY-ST-ZIP	TRENTON FL				1.4 CITY-S	T-ZIP	$\downarrow \mathcal{O}_{\!\scriptscriptstyle{\Delta}}$	VECO, Fl.	<u> 34264</u>			
TITLE	D		☐ DELETE	ı	2.1 TITLE			•			Change	☐ Addition
NAME	ausborn, Peggy				2.2 NAME							1
STREET ADDRESS	RT 2 BOX 83 A2				2.3 STREE	TADDRESS	$\mid P \mid$	O. BOX 8	537			
CITY-ST-ZIP	TRENTON FL				2.4 CITY-S	ST-ZIP	01	VECO, F.1.	34264			
TITLE	D		☐ DELETE		3.1 TITLE			-7			Change	☐ Addition
NAME	LEWIS, BETTY				3.2 NAME		1					
STREET ADDRESS	2008 GARDEN LANE				3.3 STREE	T ADDRESS	;					
CITY-ST-ZIP	BRADENTON FL				3.4. CITY-5	ST-ZIP						
TITLE	V		☐ DELETE		4.1 TITLE		1				Change	☐ Addition
NAME	AUSBORN, JAMES W				4. 2 NAME		1					
STREET ADDRESS	2205 55TH AVE. E					T ADDRESS						
CITY-ST-ZIP	BRADENTON FL				4.4 CITY-5		1					
TITLE	V		☐ DELETE		5.1 TITLE		1			***	☐ Change	☐ Addition
NAME	AUSBORN, STEVEN W			1	5.2 NAME		1					
STREET ADDRESS	4423 51ST ST. E				5.3 STREE	T ADDRESS	;					
OTHER MODIFIESS	BRADENTON FL				5.4 CITY-S	T-71P					•	

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition