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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **J53023**

FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90014 005 \*\*\*150.00

1, Corporation							· ·		
ADVANCED STEEL ERECTORS, INC.							,	**	
							Î (1001) <b>dir</b> a în		01511 93111 1501
Principal Place	e of Business	Ma	ailing Address						D(B)  B B   1901
3735 SWINDELL RD 3735 SWINDELL RD									
PLANT CITY FL 33565 PLANT CITY FL 33565									printer and
us us							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 01/08/1987		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number	A	pplied For
21		26					59-2753117	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. 22			Suite, Apt. #, etc.	, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
<u></u>			City & State	ity & State			6, Election Campaign Financing	\$5.00	May Be
23		28	•				Trust Fund Contribution	•	to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year In	tangible	
24	25 29			30			Personal Property Tax.	<b>Z</b> Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registered	Agent	
500	SERO MARCO T				81	Name			
ROGERS, JAMES T. 3735 SWINDELL RD PLANT CITY FL 33565					82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
					83		1		5 11 113 1 12 15 15 15 15 15 15 15 15 15 15 15 15 15
							<u> </u>	16 23 . 35 10 <b>0 0 1 7</b> 0	2000
					84	City	FL	"^ 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statute	s, the al	bove	-named corpo	ration submits this statement for the purpose of	changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florid ations of,	ia. Such change was at Section 607.0505, Floi	unonzed ida Stati	a by t utes.	tne corporation	's board of directors. I hereby accept the appo	nunent as re	gistereu
SIGNATURE									1
	Signature, typed or printed name of registered ag				i Agent	signature required	the state of the s	<b></b>	
12.	OFFICERS A	ND DIRE	CTORS DELETE	13.	T F	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	ORS IN 12 Addition
TITLE	D DOOFDO INIFO T		□ bere ie	1.1 717				[] Change	
NAME	ROGERS, JAMES T.			1.2 NA					İ
STREET ADDRESS	3735 SWINDELL RD					ADORESS			1
CITY-ST-ZIP	PLANT CITY FL		[7]	1.4 CI	TY-ST	-ZIP			
TITLE	DOCEDE CUDIETIME C			0.4 707	T C			Change	-
NAME	ROGERS, CHRISTINE G.		☐ DELETÉ	2.1 TIT			<u> </u>	Change	Addition
STREET ADDRESS	I AZAE CHAMIDELL DD		☐ DEFE IE	2.2 NA	AME			Change	Addition
	3735 SWINDELL RD		. DELETE	2.2 NA 2.3 ST	ame Treet	ADORESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
CITY-ST-ZIP	9735 SWINDELL RD PLANT CITY FL			2.2 NA 2.3 ST 2.4 CI	AME TREET:	i			
CITY-ST-ZIP			DELETE	2.2 NA 2.3 ST 2. 4 CI 3.1 TT	AME TREET: SITY-SI TLE	i		☐ Change	Addition
CITY-ST-ZIP TITLE NAME				2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	AME TREET. SITY-ST TLE AME	T- ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.2 NA 2.3 ST 2.4 Cl 3.1 TIT 3.2 NA 3.3 ST	ame Treet. Tile Ame Treet.	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP			. DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI	AME TREET. TLE AME TREET.	T-ZIP ADDRESS		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	AME TREET. TLE AME TREET. TTY-ST	T-ZIP ADDRESS			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TTT 3.2 NA 3.3 ST 3.4. CI 4.1 TTT 4.2 NV 4.3 ST 4.4 CI	AME TREET. TLE AME TREET. TLE TREET. TLE TREET. TLE TREET. TTY-ST. TLE	T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	Addition  Addition
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PLANT CITY FL	L Lykhi	DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	AME IREET. ITLE AME IREET. ITLE IMEET. ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS		☐ Change	Addition  Addition
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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 changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

(813) 752-3377 Daytime Phone #

CR2E034 (11/98)