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

Mar 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # J73703 STEEL BUILDINGS, INC. Principal Place of Business Mailing Address P.O. BOX 13405 TALLAHASSEE FL 32317 P.O. BOX 13405 TALLAHASSEE FL 32317-3405 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1987 07/03/1996 2. Principal Place of Business 28. Mailing Address FEI Number Applied For 21 59-2826298 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032 24 Yes No 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LESLIE, GREGORY C 6191 WILLIAMS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 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 (NOTE: Bug serred Agent signature required when relessaning) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DETER Change Addition NAME LESLIE, HAROLD C. 1.2 NAME 753 OLD DIRT ROAD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP 14 CHY- \$1- ZIP DELETE TITLE Change Addition 211001 LESLIE, GREGORY C NAME 2.2 NAM 6191 WILLIAMS ROAD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32311 CITY-ST-ZIP 2 4 CITY - ST - 2HP DELETE TITLE 3.1 DILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-\$1-7P DELETE TITLE 4.111111 Change \_\_\_ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE TITLE Change Addition 5.1 UE: F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY+ ST- ZIF DITE TITLE Change Addition 611004 NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADDRESS

6.4 CHY+S1-ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; 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 12 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED