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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73703

1. Corporation STEEL B	BUILDINGS, INC.						
Principal Place of Business Mailing Address					i idiiili diri raosa rivir iasti astica hisi aidir	41411 41411 41411 411	
2454 CENTERVILLE RD P.O. BOX 13405							
SUITE C TALLAHASSEE FL 32317					DO NOT WRITE IN THE	S SPACE	
Tallahassee FL 32308 US					3. Date incorporated or Qualifed		
00					05/20/1987		ì
2 Principal D	tace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
Z. Fillicipal Fi	IACE Of Business	├ ¬			59-2826298		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Ac	
	#, etc.	27	4.5.00		5. Certifcate of Status Desired	Fee Rec	
City & State	^	City & State			6. Election Campaign Financing	\$5.00	May Be
— '	e	28			Trust Fund Contribution	Added to	
Zìp	Country	Zip	Country	/	8. This corporation owes the current year in		
-	25	29 30	-	•	Personal Property Tax.		□No
24	9. Name and Address of Curren		-	•	10. Name and Address of New Registered	Agent	
	o. Name and Places of Carrot		81	Name			,
LESI	LIE, GREGORY C						
6191 WILLIAMS ROAD				Street Add	Iress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83	+			
17100]			
			84	City	F	85 Zip C	ode
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes		poration submits this statement for the purpose of ion's board of directors. I hereby accept the appeared when reinstating) DATE	or changing its regintment as reg	egistered
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	siit signature requii	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	☐ Addition
	_		1.2 NAME				
NAME	LESUE, HAROLD C.			ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	7, 122 11 11 11 11 11 11 11 11 11 11 11 11		1.4 CITY-5	ST-ZIP		Change	Addition
TITLE	-		2.1 TITLE				
NAME	LESLIE, GREGORY C		2.2 NAME				
STREET ADDRESS	O ID I WILLIAMS HOUSE			ET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		[] Change	Addition
TITLE		☐ DELETE	3.1 TITLE			C Onlange	
NAME			3.2 NAME		راياني للسمر عدادهما		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			∟ Change	L Addison
NAME	İ		4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		———	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	ļ		5.2 NAME				
STREET ADDRESS				ET ADDRESS			İ
CITY-ST-ZIP			5 4 CITY-	ST-ZIP			(Fig. 8.3.39)
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
****	1		62 NAME				

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 to the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corpor

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPING OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DE 1/99 850.297.0380

CR2E034 (11/98