

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 07 1997 8:00am
Secretary of StateDOCUMENT # K56792 (0)
1. Corporation Name
BLACKSHEAR AND SONS CONTRACT METALS, INC.Principal Place of Business
% PEGGY J. BLACKSHEAR
ROUTE 0, BOX 1688
CALLAHAN FL 32011
Mailing Address
% PEGGY J. BLACKSHEAR
ROUTE 0, BOX 1688
CALLAHAN FL 32011-8350

3. Date Incorporated or Qualified 01/10/1989	3a. Date of Last Report 03/01/1996
4. FEI Number 59-2929025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4822 PINE RIDGE DR Suite, Apt. #, etc.	2a. Mailing Address 26 4822 PINE RIDGE DR Suite, Apt. #, etc.
22 City & State 23 CALLAHAN FL	27 City & State 28 CALLAHAN FL
24 Zip 32011	29 Zip 32011

9. Name and Address of Current Registered Agent
BLACKSHEAR, PEGGY J.
RT. 3, BOX 1688
CALLAHAN FL 32011

10. Name and Address of New Registered Agent	
81 Name Johnna M. Bole	82 Street Address (P.O. Box Number is Not Acceptable) 6108 Duxley Rd
83	84 City Jacksonville
85 Zip Code 32244	FL

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

Johnna M. Bole

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSHEAR, PEGGY J. RT. 3, BOX 1688 CALLAHAN FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peggy Blackshear Kennedy PO Box 99 Red Bay, Ala. 35582 NA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSHEAR, J. DAWSON RT. 3, BOX 1688 CALLAHAN FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. Dawson Blackshear 4352 Woodland Ln. Callahan, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSHEAR, EDWARD N. 6162 DUCLAY FOREST DR S. JACKSONVILLE FL 32244 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKSHEAR, LEE B. RT. 3, BOX 1688 CALLAHAN FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lee B. Blackshear 4221 Woodland Heights Callahan, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

Lee B. Blackshear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-97

Date

9048793344

Daytime Phone

CR2E034 (9/96)