SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 05 1998 8:00am

Secretary of State

CRZE034 (5/98)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56792

(0)

## BLACKSHEAR AND SONS CONTRACT METALS. INC. Principal Place of Business Mailing Address % PEGGY J. BLACKSHEAR % PEGGY J. BLACKSHEAR 4822 PINERIDGE DR 4822 PINERIDGE DR CALLAHAN FL 32011 CALLAHAN FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2929025 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Žip Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOLE, JOHNNA M. Name 6108 DUK:AY RD Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32244 63 84 Zip Code Same 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition \_ DELETE BLACKSHEAR, PEGGY J. Blackshear Kennedy NAME 1.2 NAME DOBOX DAME PO BOX 99 N/A STREET ADDRESS 1.3 STREET ADDRESS RED BOY AL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change BLACKSHEAR, J. DAWSON NAME 2.2 NAME 4352 WOODLAND LN STREET ADDRESS 2.3 STREET ADDRESS CALLAHAN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition BLACKSHEAR, EDWARD N. NAME 3.2 NAME 6162 DUCLAY FOREST DR STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE \_\_\_\_ Addition BLACKSHEAR, LEE B. NAME 4.2 NAME 4221 WOODLAND HEIGHTS STREET ADDRESS 4.3 STREET ADDRESS CALLAHAN FL CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE \_\_\_ Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.