

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005495

FILED
Feb 09, 2004
Secretary of State

Entity Name: METAL SERVICE CENTER INSTITUTE-FLORIDA, INC.

Current Principal Place of Business:

C/O SCOTT VAN MALSSSEN O'NEAL STEEL
147 DENNARD ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

C/O SCOTT VAN MALSSSEN O'NEAL STEEL
147 DENNARD ST
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 16-1637687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOONEY, NICHOLAS F ESQ.
100 S ASHLEY STE #100
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN MALSSSEN, SCOTT
Address: 147 DENNARD ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: DV () Delete
Name: THOMPSON, WAYNE
Address: 1004 OAKRIDGE MANOR DR
City-St-Zip: BRANDON, FL 33511

Title: DP () Delete
Name: HATLESTAD, LARRY
Address: 147 DENNARD ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: DS () Delete
Name: ROGERS, SHIRLEY
Address: 5100 W. LEMON ST.
City-St-Zip: TAMPA, FL 33594

Title: D () Delete
Name: MCGIVNEY, PETE
Address: 200 NE 7TH ST
City-St-Zip: HALLANDALE, FL 33008

Title: D () Delete
Name: BOEDEKER, JIM
Address: 907 S. 20TH ST.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT VAN MALSSSEN

D

02/09/2004

Electronic Signature of Signing Officer or Director

Date