2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # N03000008882 Secretary of State 1. Entity Name METAL SERVICE CENTER INSTITUTE OF FLORIDA SCHOLARSHIP FOUNDATION, INC. Principal Place of Business Mailing Address C/O SCOTT V. MALSSEN, O'NEAL STEEL IN C/O SCOTT V. MALSSEN, O'NEAL STEEL IN 147 DENNARD ST 147 DENNARD ST JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 20-0333704 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOONEY, NICHOLAS F ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S ASHLEY DR STE 830 TAMPA FL 33602-5348 City Zip Code 3. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required wher reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution Florida Department of State Added to Fees Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition HELE TITLE Delete MALSSEN, SCOTT V NAME NAME O'NEAL STEEL, 147 DENNARD ST STREET ADDRESS STREET ADDRESS TREETER 1926 - 1 JACKSONVILLE FL 32254 CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition TITLE Detete TITLE THOMPSON, WAYNE NAME NAME SMI STEEL, 1004 OAKRIDGE MANOR DR STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-S1-ZIP Addition HillE ☐ Change TABLE Delete MCGIVNEY, PETE NAME NAME INFRA-METALS NE 7TH ST STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 0174-ST-7IP CITY-ST ZIP Addition The Change TITLE ☐ Delete HILE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete LILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete T)TLE III. F NAME A:AMF STREET ADDRESS STREET ADDRESS Crit-SI-ZP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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