## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT:

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 04 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06356

(0)

KLINE IRON & STEEL CO., INC.

| Principal Place of Business Mailin |  | Mailing Address   |   | a konstandi dii dalila diitan kilin kilin kilin kilin                                    | a sameleddi isi ddica deedd siidi girfa gafa albh bedi geeld didii didif bedei iddi |  |
|------------------------------------|--|---|---|--|---|--|
| 1225 HUGER S<br>COLUMBIA SC        |  | 1225 HUGER STREET<br>COLUMBIA SC 29201-30                       | 07  |  |   |  |
|                                    |  |   |   | 3. Date Incorporated or Qualified 06/07/1985   | 3a. Date of Last Report 04/11/1996  |  |
| — '                                | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number  | Applied For   |  |
| 21                                 |  | 26  |   | 57-0365127   | Not Applicable  |  |
| Suite, Apt :                       | ₽, €(C).   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |  |
| City & State                       | 3  | City & State  |   | 6. Election Campaign Financing   | \$5.00 May Be   |  |
| 23                                 |  | 28  |   | Trust Fund Contribution  | Added to Fees   |  |
| Zip                                | Country  | Zip   | Country   | 8. This corporation has liability for in   |   |  |
| 24                                 | [25]   | 29  | 30  |  | Yes No  |  |
|                                    | 9. Name and Address of Curre   | nt Hegisterea Agent   | 81 Name   | 10. Name and Address of New Reg  | Jistered Agent  |  |
|                                    | CORPORATION SYSTEM<br>0 S. PINE ISLAND ROAD  |   | BI Name   |  |   |  |
|                                    | NTATION FL 33324   |   | 82 Street A                                       | Address (P.O. Box Number is Not Acceptab   | le)   |  |
| PLA                                | MINION FL 33324  |   | B3  |  |   |  |
|                                    |  |   | 63  |  |   |  |
|                                    |  |   | 84 City   |  | FL 85 Zip Code  |  |
| 11 Pursuant I                      | to the provisions of Sections 607 OF   | 02 and 607 1508 Florida State                                   | ites the above named                              | corporation submits this statement for the p   |   |  |
| Office or re                       | ed stered agent, or both, in the State   | e of Florida. Such change was                                   | authorized by the corp                            | oration's board of directors. I hereby accep   | t the appointment as registered   |  |
| agent Lar                          | mifamhar with, and accept the oblig  | gations of, Section 607.0505, F                                 | lorida Statutes.                                  |  |   |  |
| SIGNATURE                          | Signature, typical or printed name of rugistered ag  | unt and trie if applicable (NC                                  | TE: Registered Agent signature                    | required when roinslating)   | DATE  |  |
| 12,                                | Control of the contro | ID DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFIC   |   |  |
| TITLE                              | PTDC   | DELETE  | 1.1 TITLE   | Pres/Dir.  | Change Addition   |  |
| NAME                               | LKINE, JEROME C  |   | 1.2 NAME  | Kline, Jerome C.   |   |  |
| STREET ADDRESS                     | 1225 HUGER STREET  |   | 1.3 STREET ADDRESS                                | 1225 Huger St.   |   |  |
| CHY-ST-ZIP                         | COLUMBIA SC  |   | 1.4 CITY-ST-ZIP                                   | Columbia SC  |   |  |
| TI*tF                              | ASD  | DELETE  | 2 1 TITLE   |  | Change Addition   |  |
| NAME                               | KLINE, SUE D   |   | 22 NAME   |  |   |  |
| STREET ADDRESS                     | 1225 HUGER STREET  |   | 2.3 STREET ADDRESS                                |  |   |  |
| CITY - ST - ZIP                    | COLUMBIA SC  |   | 2 4 CITY-ST-ZIP                                   |  |   |  |
| TIFLE                              | V  | ☐ DEFELE  | 3.1 TITLE   |  | Change Addition   |  |
| NAME                               | PHILLIPS, MARTIN T   |   | 3 2 NAME  |  |   |  |
| STREET ADDRESS                     | 1225 HUGER STREET  |   | 3.3 STREET ADDRESS                                |  |   |  |
| C TY - ST - ZiP                    | COLUMBIA SC  | - I beiere  | 3.4. CITY-ST-ZIP                                  |  |   |  |
| THUE                               | S<br>DEDDEKODO CIICANIM  | ☐ DELFTE  | 4.1 TITLE   |  | Change  Addition  |  |
| NAME:                              | REDDEKOPP, SUSAN M   |   | 4. 2 NAME   |  |   |  |
| STREET ADDRESS                     | 1225 HUGER STREET<br>COLUMBIA SC   |   | 4.3 STREET ADDRESS                                |  |   |  |
| CHY-SI-ZIP                         | COLOMBIA SC  | OELETE.   | 4.4 CITY - ST - ZIP                               |  | Channel Addition  |  |
| TITLE<br>NAME                      |  | € orreit  | 5.1 TITLE   |  | Change Addition   |  |
| NAVE<br>CIDST LANSINGS             |  |   | 5.2 NAME  |  |   |  |
| STREET ADERESS CITY - ST- 7IP      |  |   | 5.3 STREET ADDRESS                                |  |   |  |
| TITLE                              |  | DELETE  | 5.4 CITY - ST - ZIP<br>6.1 TITLE                  |  | Change Addition   |  |
| NAMC                               |  | the second  | 6.2 NAME  |  | E conside E Montani   |  |
| STREET ADDRESS                     |  |   | 6.3 STREET ADDRESS                                |  |   |  |
| CITY ST-ZIP                        |  | ,   | 6 4 CITY - ST - ZIP                               |  |   |  |
| 14. I do hereb                     | by cert by that the information supplie  | d with this filing does not qua                                 | lify for the exemption sta                        | ated in Section 119.07(3)(i), Florida Statutes   | . I further certify that the  |  |
| information<br>Lam an of           | r. indicated on this annual report or<br>ficer or director of the corporation o<br>i Block 12 or Block 13 if changed c   | supplemental annual report is<br>r the receiver or trustae empo | true and accurate and<br>wered to execute this re | that my signature shall have the same legal eport as required by Chapter 607, Florida St | effect as if made under oath; that atutes; and that my name                         |  |