

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P32544** (9)

1. Corporation Name

**AMERICAN STEEL BUILDERS, INC.**



Principal Place of Business

**INDIANAPOLIS, INDIANA  
INDIANAPOLIS IN 46256  
US**

Mailing Address

**8828 CORPORATION DR  
INDIANAPOLIS IN 46256  
US**

3. Date Incorporated or Qualified  
**01/22/1991**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**35-1542128**

Applied For  
Not Applicable

22

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

23

City & State

27

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

25

Country

29

Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 of registered agent or registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**SLOAN, GARY**

1.2 NAME

STREET ADDRESS

**8828 CORPORATION DR.**

1.3 STREET ADDRESS

CITY- ST- ZIP

**INDIANAPOLIS IN**

1.4 CITY- ST- ZIP

TITLE

T

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

**KRESSEL, KAREN**

2.2 NAME

STREET ADDRESS

**8828 CORPORATION DR.**

2.3 STREET ADDRESS

CITY- ST- ZIP

**INDIANAPOLIS IN**

2.4 CITY- ST- ZIP

TITLE

VTD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

**COOK, THOMAS E**

3.2 NAME

STREET ADDRESS

**P. O. BOX 812 N/A**

3.3 STREET ADDRESS

CITY- ST- ZIP

**CICERO IN**

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 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

6.4 CITY- ST- ZIP

**600001744456**

**-03/15/96--01042--012**

**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 other attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**3/10/96**

**317-577-1400**

CR2E034 (12/95)