

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

A. R. STEEL, INC.

or prosessing the first Principal Place of Business

6220 ENGRAM RD.

23

24

NEW SMYRNA BCH, FL 32169

Mailing Address

6220 ENGRAM RD. NEW SMYRNA BCH. FL 32169

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90032 036 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

					02/14/1992			
Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
		26			75-2129946	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	3		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip	Countri 30	у	This corporation owes the current year Personal Property Tax.	r Intangible □ Yes □ No		
					10. Name and Address of New Registered Agent			

HARPER, A. REED 6220 ENGRAM RD. NEW SMYRNA BCH. FL 32169

	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	

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.

0.00.47.405								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS	13.						
TITLE	P DELETE	1.1 TITLE		☐ Change	Addition			
NAME	HARPER, A. REED	1.2 NAME						
STREET ADDRESS	6220 ENGRAM RD.	1.3 STREET ADORESS		•				
CITY-ST-ZIP	NEW SMYRNA BCH. FL	1.4 CITY-ST-ZIP						
TILE	ST DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	HARPER, A. REED	2.2 NAME						
STREET ADDRESS	6220 ENGRAM RD.	2.3 STREET ADDRESS						
CITY-ST-ZIP	NEW SMYRNA BCH. FL.	.2.4 CITY+ST-ZIP	·	<u> </u>	 			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition			
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	∨ □ DELETE	4.1 TITLE	•	☐ Chango	Addition			
NAME	• •	4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TTTLE		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 OT 710		6.4 CITY-ST-ZIP						

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, with all other like empowered.

SIGNATURE:



Zip Code