

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000007451 (7)**

1. Corporation Name

SOUTHEAST STEEL & ALUMINUM, INC.



Principal Place of Business

C/O BORDEN HALLOWES
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

Mailing Address

C/O BORDEN HALLOWES
11409 KINGSLEY AVENUE
ORANGE PARK FL 32073
US

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3154375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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

2. Principal Place of Business

2a. Mailing Address

21 **90 JOHN L. SCHNORR**

26 **90 JOHN L. SCHNORR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1471 NEPTUNE DRIVE**

27 **1471 NEPTUNE DRIVE**

City & State

City & State

23 **BOYNTON BEACH FL**

28 **BOYNTON BEACH FL**

Zip

Zip

24 **33426**

Country

25 **USA**

29 **33426**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALLOWES, BORDEN R
1409 KINGSLEY AVE
ORANGE PARK FL 32073**

81 Name

Schnorr, John L. JR.

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

1471 NEPTUNE DRIVE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33426

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

John L. Schnorr

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SCHNORR, JOHN L**
STREET ADDRESS **P.O. BOX 698 N/A**
CITY- ST- ZIP **WILLISTON FL**

TITLE ☐ DELETE

NAME **D SCHNORR, J P**
STREET ADDRESS **P.O. BOX 698 N/A**
CITY- ST- ZIP **WILLISTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Schnorr

4/17/96

407-731-4555

Date

Daytime Phone

CR2E034 (12/95)