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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400057679

1. Corporation Name

B & H STEEL COMPANY

5 W 11 G	TEEL OOM THE							
Principal Place of Business Mailing Address								
6711 26TH COU	IRT EAST	P.O. BOX 606	P.O. BOX 606					
SARASOTA FL	ONECO FL 34264	O FL 34264			DO NOT WRITE IN THIS	SPACE		
		US				3. Date Incorporated or Qualifed	3 SPACE	
					•	08/04/1994		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
<u> </u>	ace of Business					65-0507223	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	dditional
22	,, 000 .	27				5. Certifcate of Status Desired	Fee Rec	quired
City & State	9	City & State				6. Election Campaign Financing	· \$5.00 ı	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Ir	ıtangible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		\Box		10. Name and Address of New Registered	Agent	
				81	Name			
	um, earl e			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
2432	LANDINGS CIRCLE			102	Olleet Add	mess (1 .C. Box Humber to Her receptable)		
BRAI	DENTON FL 34209			83]
					0.1		85 Zip C	'ode
				84	City	Fl	85 Zip C	oue
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Flonda. Such change was a ations of, Section 607.0505, Flo	aumonze orida Sta	a by tutes	ine corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint when reinstation).	intment as reg	istered
	Signature, typed or printed name of registered age			 -	t signature requir	and when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		ND DIRECTORS	13	TITLE		ADDITIONS/CHANGES TO OTTICERS A	Change	☐ Addition
TITLE :	PD CUDIN CADI C	- Attric	- 1	AME				-
NAMÉ	SHRUM, EARL E 2432 LANDINGS CIR				ADDRESS			}
STREET ADDRESS	i .							1
CITY-ST-ZIP			TTY-S]	1-219	- NAME OF THE OWNER OWN	☐ Change	Addition	
TITLE	VD	(Deterie					o v	_
NAME	HOLMAN, ROBERT H		2.2 NAME			•		
STREET ADDRESS					ADDRESS			ļ
CITY+ST-ZIP			_	CITY-S	T-ZIP		☐ Change	Addition
LÙLTE	V	·		MILE	+		i aurula	
NAME	ARCIONI, LOUIS R		3.2 NAME					
STREET ADDRESS	3211 AVON LANE		- 1		ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205	DELETE	_	CITY-S	T-ZIP		□ Change	Addition
TITLE	ST AND COOK DADDADA I		l l	MLE]			
NAME	ANDERSON, BARBARA J		4	NAME				
STREET ADDRESS	4314 11TH AVE EAST		4		ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208	□ DCICTC	_	CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					, .outuo//
NAME					T ADODESS			
STREET ADDRESS					TADORESS			}
CITY-ST-ZIP				CITY-S	1-211		Change	Addition
TITLE		☐ DELETE						
NAME				VAME				
STREET ADDRESS	•		6.3	STREET	ADDRESS			[

14. 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 eddress; with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-19-99

941-756-8468

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90086 017 ***150.00