Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017973

Country

25

1. Corporation Name

STEEL STUD ENTERPRISES, INC.

Principal Place of Business
11978 86TH AVE N

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SEMINOLE FL 34642

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22

23

24

Zip

Mailing Address

11878 86TH AVE N SEMINOLE FL 34642

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90048 043 ***150.00



DO NOT WRITE IN THIS SPACE	DO NOT	WRITE	IN THIS	SPACE
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This corporation owes the current year Intangible

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

03/03/1995

59-3315494

FEI Number

	Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
		8	31 1	Vame						
	B CORPORATE SERVICES, INC.	-	32	Street Address (P.C	Roy Number	s Not Acceptable	<u> </u>			
5999 CENTRAL AVE			12	Street Address (F.C	J. BOX RUITIDEI	s Hut Acceptable	,			
	E 202	8	33	•						
ST P	ETERSBURG FL 33710		<u> </u>					1		-,
		8	34 (City			FL	85	Zip Co	ode
office or re agent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	horized b	ov the	amed corporation s e corporation's boar	submits this stat rd of directors. I	ement for the pur hereby accept th	pose of	changir	ng its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	Registered A	gent si	gnature required when rein	estating)		DATE			
12.	OFFICERS AND DIRECTORS	13.				NGES TO OFFIC	ERS AN	ID DIRE	CTOR	RS IN 12
TITLE	D DELETE	1.1 TITLE	E					Cha	ange	☐ Addition
NAME	BRAWNER, STEPHEN	1.2 NAM	£	ļ						
STREET ADDRESS	11878 86TH AVE N	1.3 STRE	EET AL	DORESS						
CITY-ST-ZIP	SEMINOLE FL 34642	1.4 CITY	-ST-Z	iP						
TITLE	D DELETE	2.1 TITLE		<u>~</u>				Cha	ange	Addition
NAME	BRAWNER, THERESE M	2.2 NAM	Ε	ļ						
STREET ADDRESS	11878 86TH AVE N	2.3 STR	EET AL	DORESS						
CITY-ST-ZIP	SEMINOLE FL 34642	2, 4 CITY	/-ST-2	rip	-					, .
TITLE	□ DELETE	3.1 TITLE						☐ Cha	ange	☐ Addition
NAME	,	3.2 NAM	Œ)						,
STREET ADDRESS		3,3 STR	EETAD	DORESS						
CITY-ST-ZIP		3.4. CITY	/-ST-Z	ZIP						
TITLE	☐ DELETE	4.1 TITLE						☐ Cha	ange	☐ Addition
NAME		4, 2 NAM	Æ.							
STREET ADDRESS		4.3 STR	EET AL	DORESS						
CITY-ST-ZIP		4.4 CITY								
TITLE	☐ DELETE	5.1 TTU			•			☐ Cha	ange	Addition
NAME		5.2 NAM	Ε	ļ						
STREET ADDRESS		5.3 STRE	EET AL	DDRESS						
CITY-ST-ZIP		5.4 CITY	- \$T-Z	IP						
TITLE	☐ DELETE	6.1 TITL	E					☐ Cha	ange	☐ Addition
NAME		6.2 NAM	E	l						
STREET ADDRESS		6.3 STR	EET AC	DRESS						
CITY-ST-ZIP		6.4 CITY	-ST-Z	JP						
14 I hereby o	ertify that the information supplied with this filing does not qualify for the	he exem	ption	stated in Section 1	119.07(3)(i), Floi	ida Statutes. I fur	ther cer	tify that	the int	formation
indicated	on this annual report or supplemental annual report is true and accura director of the corporation or the receiver or trustee empowered to exe	ate and th	nat m	ny signature shall ha	ave the same le	gal effect as if ma	ade und	er oatn;	that I a	am an

Country

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Block 12 or Block 13 if changed

SIGNATURE: