

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051046 (7)

1. Corporation Name

POLYSTEEL BUILDING SUPPLY, INC.



Principal Place of Business

26800 ACE AVENUE
LEESBURG FL 34748

Mailing Address

26800 ACE AVENUE
LEESBURG FL 34748

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report

4. FEI Number

59-3327553

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MINKOFF, SANFORD A
226 WEST ALFRED STREET
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
SUMMERS, GARY L ESQ.

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

WILLIAMS, SMITH AND SUMMERS, PA

83 380 WEST ALDRED STREET

84 City
TRAVRES

FL 85 Zip Code
32778-3298

11. Pursuant to the provisions of Sections 607.06(2) 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

Gary L. Summers

Gary L. Summers

2/6/96

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
PRINGLE, JOHN A.
5323 BANANA PT DR
OKAHUMPKA, FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DV
PRINGLE, MARY R.
5323 BANANA PT DR.
OKAHUMPKA, FL

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DST
PRINGLE, GEORGE O.
733 BOYLSTON ST.
LEESBURG, FL

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. 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, on an attachment with an address.

SIGNATURE

John A. Pringle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

By the Treasurer

CR2E034 (12/95)