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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000052780 (0)

1. Corporation Name
THE STEELE COMPANY

Principal Place of Business

**325 5TH AVENUE
INDIALANTIC FL 32903**

Mailing Address

**325 5TH AVENUE
INDIALANTIC FL 32903-4263**

3. Date Incorporated or Qualified
07/07/1995

3a. Date of Last Report
07/19/1996

4. FEI Number
59-3337691

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 Sulte, Apt. #, etc.

26 Sulte, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSLEY, CURTIS R
1221 EAST NEY HAVEN AVENUE
MELBOURNE FL 32901**

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **PD
STEELE, SCOTT**
STREET ADDRESS **325 5TH AVENUE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

1.2 NAME ☐ DELETE

NAME **VD
STEELE, JASON**
STREET ADDRESS **325 5TH AVENUE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

1.3 NAME ☐ DELETE

NAME **SD
STEPPE, CLAUDE**
STREET ADDRESS **325 5TH AVENUE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

1.4 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 NAME ☐ 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 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.

SIGNATURE:

Claude W. Steppe 3/7/97 407-724-5252

CR2E034 (9/96)