

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058405 (8)

1. Corporation Name

STEEL SOLUTIONS OF THE SOUTH, INC.



Principal Place of Business

Mailing Address

4222 US HIGHWAY 301 NO.
WILDWOOD FL 34785

4222 US HIGHWAY 301 NO.
WILDWOOD FL 34785

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

59-3319400

Applied For
Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, CHARLES H
4222 US HIGHWAY 301 NO.
WILDWOOD FL 34785

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

Charles Butler, Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CONROY, ROBERT C
STREET ADDRESS 4875 CR 118
CITY-ST-ZIP WILDWOOD FL 34785

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BUTLER, CHARLES H
STREET ADDRESS POST OFFICE BOX 221
CITY-ST-ZIP WILDWOOD FL 34785

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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

Charles H. Butler, Director

42456 352-748-2555

CR2E034 (3/96)