

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

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90037 017 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000102776					
1. Corporation Name MIDSTATE REBAR FABRICATORS, INC.					
Principal Place of Business 1355 SE 31ST AVE SUMMERFIELD FL 34491 US			Mailing Address PO BOX 3670 BELLEVUE FL 34421-3670 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3428170	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 230 NE 25 AVE STE 200 OCALA FL 34470			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			85 Zip Code FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D ☐ DELETE			1.1 TITLE P ☒ Change ☐ Addition		
NAME WEBBER, CHARLES D			1.2 NAME WEBBER, CHARLES D.		
STREET ADDRESS 1710 SE 38 AVE			1.3 STREET ADDRESS 1710 SE 38TH AVE		
CITY-ST-ZIP OCALA FL 34471			1.4 CITY-ST-ZIP OCALA, FL. 34471		
TITLE ☐ DELETE			2.1 TITLE V ☐ Change ☒ Addition		
NAME			2.2 NAME BRIAN MELTON		
STREET ADDRESS			2.3 STREET ADDRESS 5621 SE 170TH CT		
CITY-ST-ZIP			2.4 CITY-ST-ZIP OCALA, FL 32179		
TITLE ☐ DELETE			3.1 TITLE ST ☐ Change ☒ Addition		
NAME			3.2 NAME KATHIE L. WEBBER		
STREET ADDRESS			3.3 STREET ADDRESS 1710 SE. 38TH AVE		
CITY-ST-ZIP			3.4 CITY-ST-ZIP OCALA, FL. 34471		
TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: *Charles D. Webber* PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98 852-245-7141
Date Daytime Phone #

CR2E034 (11/98)