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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000014393**1. Corporation Name

A & S STEEL FRAMING, INC.

Principal Place of Business		Mailing Address					
2341 CANAL DR		2341 CANAL DRIVE					
NICEVILLE FL 32578		NICEVILLE FL 32578			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/10/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3418611	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional	
	and the second	27		·			Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Countri	Zip	Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		ed to rees
Zip	Country	29 30	, ´		This corporation owes the current year Int. Personal Property Tax.	∐ Yes	□No
24	9. Name and Address of Currer				10. Name and Address of New Registered	Agent	
	V. Idding and Address of Paris.		81	Name			
	ew, walter l	•	82	Street Ada	dress (P.O. Box Number is Not Acceptable)		
	CANAL DRIVE		02	Street Add	Jress (F.O. Box Number is Not Acceptable)		
NIÇE	VILLE FL 32578		83				
			84	City		85 2	Zip Code
				'	poration submits this statement for the purpose of	.	
SIGNATURE	m familiar with, and accept the obligations of the obligation of t				red when reinstating) DATE		<u></u>
12.	•	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS IN 12
πιΕ	P	☐ DELETE	1.1 TITLE			☐ Char	nge
NAME	MAYEW, WALTER L		1.2 NAME				
STREET ADDRESS	2341 CANAL DRIVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-5	T-ZIP			T A MARINE
TITLE	V	☐ DELETE	2.1 TITLE			Char	nge
NAME	SUMMERS, PHIL		2.2 NAME				
STREET ADDRESS	1150 LA GRANGE RD		i i	TADDRESS			
CITY-ST-ZIP	FREEPORT FL 32439	☐ DELETE	2. 4 CITY-1	ST-ZIP		☐ Char	nge
TITLE		- ~ ~ — — — — — — — — — — — — — — — — —	3.1 TITLE 3.2 NAME	· ·	الريسيسة لا الرسد ال		
NAME				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-S	ST-23P			ngo 🗆 Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge
NAME			6.2 NAME	1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90025 023 ***150.00