

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000054622 (0)

1. Corporation Name

TRIANGLE STEEL ERECTORS, INC.



Principal Place of Business

RT 2 BOX 455
BONEY ROAD
JACKSONVILLE FL 32218

Mailing Address

RT 2 BOX 455
BONEY ROAD
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

59-3466515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TUMLIN, ANNETTE
6802 N MAIN STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

Daniel L. Caldwell

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

54 Oceanway Ave.

83

84 City

Jacksonville

FL

85 Zip Code

32218

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]

Daniel L. Caldwell V.P.

3-9-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

P VANCE CALDWELL

1.3 STREET ADDRESS

RT 2 BOX 455 BONEY RD

1.4 CITY-ST-ZIP

JAX FL 32218

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

VP DANIEL CALDWELL

2.3 STREET ADDRESS

RT 2 BOX 455 BONEY RD

2.4 CITY-ST-ZIP

JAX FL 32218

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

Secretary Stacy M. Russell

3.3 STREET ADDRESS

12488 Boney Rd.

3.4 CITY-ST-ZIP

JAX, FL 32226

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 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

[Signature]

2 23 38

4/14/98

CR2E034 (10/97)