FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000099765 (4) **DOCUMENT #** STEEL PLUS, INC. Principal Place of Business Mailing Address 6488 N HWY 85 6488 N HWY 85 CRESTVIEW FL 32536 CRESTVIEW FL 32536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1997 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt #. otc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country Zip Country Zın 8. This corporation owes or has paid the current year Intappible Yes 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAILEY, WILLIAM A 81 6488 N HWY 85 Street Address (P.O. Box Number is Not Acceptable) 82 CRESTMEW FL 32536 83 84 City 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signiture, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-78 1.4 CITY - ST - ZIP 21 TITLE Change TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 32536 2.4 CHTY - ST - ZIP CITY-ST-ZIP ☐ DFLETE Change TITLE 3.1 THLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change TITLE 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP

FILED Jun 15 1998 8:00am Secretary of State



Applied For Not Applicable

No

Addition

Addition

Addition

Addition

Addition U15 100002560471 Change Addition -0**6**/16/98---01031---0**14** ***150.00

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the rucever or trustee enpowered Block 12 or Block 13 if changed, or on an ottachment with an address. xecule this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE NAME

STREET ADDRESS