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Secretary of State

03-12-1999 90036 010 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000095315

1. Corporation Name

SPECIALTY STEEL, INC.

Principal Place of Business

901 12 STREET
CLERMONT FL 34712

Mailing Address

901 12 STREET PO Box 120159
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 120159
Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-354-1925

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

 6. Election Campaign Financing
 Trust Fund Contribution

☐ \$5.00 May Be
 Added to Fees

 8. This corporation owes the current year Intangible
 Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

 WILLIAMS, DAVID B
 7109 YACHT BASIN AVE. #423
 ORLANDO FL 32835

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
 NAME Beverly Williams
 STREET ADDRESS 9215 Cypress Cove Dr
 CITY-ST-ZIP Orlando, FL 32819

 TITLE ☐ DELETE
 NAME David Williams
 STREET ADDRESS 7109 Yacht Basin Ave
 CITY-ST-ZIP Orlando, FL 32835

 TITLE ☐ DELETE
 NAME Christine Taylor
 STREET ADDRESS 211 W. Ridgewood Ct
 CITY-ST-ZIP Longwood, FL 32779

 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
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 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, with all other like empowered.

SIGNATURE:

 Signature and typed or printed name of signing officer or director
 Christine Taylor

Date

1/5/99 352394-2155

Daytime Phone #

CR2E034 (1/198)