

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

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Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S12677** (8)

1. Corporation Name  
**TRI-CITY STEEL SERVICES, INC.**



Principal Place of Business  
**5411 WEST TYSON AVENUE  
TAMPA FL 33611**

Mailing Address  
**P.O. BOX 75327  
TAMPA FL 33675-0327  
US**

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/13/1990</b>                                                                                              | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-3040481</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>                                                                             | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032.<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

2. Principal Place of Business  
21 **6205 S. Dale Mabry**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Tampa, FL**  
Zip  
24 **33611** Country  
25

2a. Mailing Address  
26 **P.O. Box 75327**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Tampa, FL**  
Zip  
29 **33675-5327** Country  
30

9. Name and Address of Current Registered Agent

**ALLEN, STEPHEN C ESQ  
4830 KENNEDY BLVD.  
SUITE 335  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| <b>FL</b> 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 of the person in the name of the corporation who filed this application

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, FRANK E.</b>                      | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>5411 WEST TYSON AVENUE</b>                 | 1.3 STREET ADDRESS                                    | <b>6205 S. Dale Mabry</b>                                                    |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                               | 1.4 CITY-ST-ZIP                                       | <b>Tampa, FL 33611</b>                                                       |
| TITLE                      | ST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSON, BOBBIE J.</b>                     | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>5411 WEST TYSON AVENUE</b>                 | 2.3 STREET ADDRESS                                    | <b>Tampa, FL 33611</b>                                                       |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                               | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do 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 located 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:

*Frank E. Johnson*  
Frank E. Johnson, Pres.

February 11, 1997

813/837-6795

Date

Daytime Phone #

CR2E034 (9/96)