

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

AMENDED ANNUAL REPORT

96 DEC 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20071 (4)

1. Corporation Name

THOMPSON STEEL, INC.

Principal Place of Business

Mailing Address

23820 CR 561
Astatula, Fl. 34705

P.O. Box 499
Astatula, Fl. 34705

3. Date Incorporated or Qualified 12/18/90	3a. Date of Last Report 4/24/96
4. FEI Number 59-3045965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Thompson, Joyce K.
Hwy 561 # 23324
Astatula, Fl. 34705

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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 any, (delete)

(Delete) Registered Agent's signature retained when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D - Pres. Sec. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Joyce K.	1.2 NAME	
STREET ADDRESS	P.O. Box 193 23324 CR 561	1.3 STREET ADDRESS	200002036982--1
CITY-ST-ZIP	Astatula, Fl. 34705 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	-12/24/96--01082--013
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farley, Robert	2.2 NAME	
STREET ADDRESS	11925 CR 44	2.3 STREET ADDRESS	
CITY-ST-ZIP	Leesburg, Fl. 34788 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	V. Pres <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris C. Thompson	3.2 NAME	
STREET ADDRESS	717 Oak Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Greveland, Fl. 34736 <input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joyce K. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96

Date

352-742-3373

Daytime Phone #

CR2E034 (12/95)