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

FILED May 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S20071 THOMPSON STEEL, INC. Mailing Address Principal Place of Business 23800 C R 561 P O BOX 499 ASTATULA FL 34705 ASTATULA FL 34705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3045965 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMPSON, JOYCE K Name HWY. 561 #23324 Street Address (P.O. Box Number is Not Acceptable) **ASTATULA FL 34705** 83 City 84 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 egent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE THOMPSON, JOYCE K NAME 1.2 NAME 23324 CR 561 STREET ADDRESS 1.3 STREET ADDRESS **ASTATULA FL 34705** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE 3.1 TITLE Addition 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADORESS

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. 4-21-98 SIGNATURE:

STREET ADORESS CITY-ST-ZIP

352-741-3323

CR2E034