


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90261 049 \*\*\*150.00

<b>DOCUMENT # S20071</b>	
<b>1. Entity Name</b> THOMPSON STEEL, INC.	

<b>Principal Place of Business</b> 23800 C R 561 ASTATULA FL 34705 US	<b>Mailing Address</b> P O BOX 499 ASTATULA FL 34705 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country
Country	Zip

<b>4. FEI Number</b> 59-3045965	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  THOMPSON, JOYCE K HWY. 561 #23324 ASTATULA FL 34705	<b>7. Name and Address of New Registered Agent</b> Name <u>Cecil D. Thompson</u> Street Address (P.O. Box Number is Not Acceptable) <u>23324 CR 561</u> City <u>Astatula</u> <b>FL</b> Zip Code <u>34705</u>
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
SIGNATURE <u>Cecil D. Thompson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3-2-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS THOMPSON, JOYCE K 23324 CR 561 ASTATULA FL 34705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS. Cecil Thompson 23324 CR 561 Astatula, FL 34705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>	
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<b>SIGNATURE:</b> <u>Cecil D. Thompson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-2-05</u> <u>352 742 3373</u> <small>Date Daytime Phone #</small>
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## STATE OF FLORIDA

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT

40027102

# S20071

FORM 100  
FEBRUARY 1972  
BLACK, 600CERTIFICATE OF DEATH  
FLORIDA

1. DECEASED'S NAME Joyce K. Thompson		2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) September 28, 2004		4. SOCIAL SECURITY NUMBER 261-86-6775	
5. DATE OF BIRTH (Month, Day, Year) October 30, 1944		6. PLACE OF BIRTH (City and State or Foreign Country) Hibbing, Minnesota	
7. PLACE OF DEATH (Check only one and print full name of place) Hospital _____ Home _____ Other _____		8. A. WAS DECEASED'S DEATH IN A WAR OR ARMED CONFLICT? (Yes or No) No	
9. FACILITY NAME (If not hospital, street, street and number) 23324 County Road 561		10. CITY, TOWN, OR LOCATION OF DEATH Astatula	
11. DECEASED'S USUAL OCCUPATION Owner/Operator		12. KIND OF BUSINESS/EMPLOYMENT Steele Manufacturing Company	
13. MARITAL STATUS Married		14. SURVIVING SPOUSE (If living, give name and address) Cecil D. Thompson	
15. DECEASED'S STATE Florida		16. COUNTY Lake	
17. CITY, TOWN, OR LOCATION Astatula		18. STREET ADDRESS 23324 County Road 561	
19. DECEASED'S RACE No		20. DECEASED'S SEX 34705	
21. DECEASED'S ETHNIC OR HISPANIC OR LATINO ORIGIN (Specify race, sex, and age, if not Hispanic/Latino) White		22. DECEASED'S AGE 9	
23. DECEASED'S NAME (Last, First, Middle) Robert L. Strimback		24. DECEASED'S NAME (Last, First, Middle) Kathryn Ritter	
25. DECEASED'S NAME (Last, First, Middle) Cecil Thompson		26. MAILING ADDRESS (Street and Number, if Rural Route, Number, City, State, Zip Code) 23324 County Road 561, Astatula, Florida 34705	
27. MANNER OF DEATH X Natural _____ Other _____		28. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Astatula Cemetery	
29. LOCATION OF DISPOSITION (City or town, state) Astatula, Florida		30. NAME AND ADDRESS OF FUNERAL HOME Allen J. Harden Funeral Home 1500 N. Donnelly St., Mt. Dora, FL 32757	
31. SIGNATURE OF DECEASED'S PHYSICIAN OR SURGEON OR OTHER PERSON AUTHORIZED TO SIGN (Signature and Title) Christopher T. Soprenuk, M.D.		32. SIGNATURE OF DECEASED'S PHYSICIAN OR SURGEON OR OTHER PERSON AUTHORIZED TO SIGN (Signature and Title) Christopher T. Soprenuk, M.D.	
33. DATE SIGNED (Month, Day, Year) 11:12 AM		34. MEDICAL EXAMINER'S NAME Christopher T. Soprenuk, M.D.	
35. ADDRESS OF DECEASED'S PHYSICIAN OR SURGEON OR OTHER PERSON AUTHORIZED TO SIGN Christopher T. Soprenuk, M.D., 9846 U.S. Highway 441, Leesburg, Florida 34788		36. LOCAL REGISTRAR'S SIGNATURE [Signature]	
37. DATE SIGNED (Month, Day, Year) [Date]		38. LOCAL REGISTRAR'S NAME [Name]	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Robert L. Strimback

State Registrar

SEP 30 2004

WARNING:

C1218647

THIS DOCUMENT IS PRINTED ON PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT PAGE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND GRILLS IN THERMOCHROMIC INK.

DOH FORM 1946 (10-03)

HEALTH

# ATTACHMENT

40027102  
# 520071

## RESOLUTION

I, Joyce K. Thompson as 100% shareholder hereby appoint Cecil D. Thompson to be president of Thompson Steel, Inc. I, Joyce K. Thompson resign as officer and director of Thompson Steel, Inc.

Joyce K. Thompson  
Joyce K. Thompson

9/17/04  
Date

Lake CO. FL.  
Personally known  
William F Gray

