

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S41398**

(6)

1. Corporation Name

GREGORY STEEL ERECTORS, INC.



Principal Place of Business

**1131 MONTEGO ROAD E
9551-ATLANTIC BLVD. #439
JACKSONVILLE FL 32216
US**

Mailing Address

**1131 MONTEGO ROAD EAST
JACKSONVILLE FL 32216
US**

2. Principal Place of Business

2a. Mailing Address

21

State Apt. P.O.

26

State Apt. P.O.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREGORY, RALPH N.
1131 E MONTEGO RD
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified

03/27/1991

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3056444

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 607.0612 and 607.1504, 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 attest the obligations of Sections 607.0615, Florida Statutes.

SIGNATURE

Agent Registered Agent Signature

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

**DPS
GREGORY, RALPH N.
1131 EAST MONTEGO RD
JACKSONVILLE FL**

☐ DELETE

1. NAME

STATE ADDRESS

12. NAME

CITY & ZIP

13. STREET ADDRESS

FILE

14. CITY, STATE, ZIP

NAME

15. NAME

STATE ADDRESS

2. (Street Address)

CITY & ZIP

24. CITY, STATE, ZIP

FILE

3. NAME

NAME

35. STREET ADDRESS

STATE ADDRESS

36. CITY, STATE, ZIP

CITY & ZIP

4. NAME

FILE

41. NAME

NAME

42. NAME

STATE ADDRESS

43. STREET ADDRESS

CITY & ZIP

44. CITY, STATE, ZIP

FILE

5. NAME

NAME

52. NAME

STATE ADDRESS

53. STREET ADDRESS

CITY & ZIP

54. CITY, STATE, ZIP

FILE

6. NAME

NAME

62. NAME

STATE ADDRESS

63. STREET ADDRESS

CITY & ZIP

64. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing was 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 or 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: X

Ralph N. Gregory - **Ralph N. Gregory** 2-21/96 904-726-7675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)