

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 313923

1. Corporation Name

Allstate Steel Co., Inc. of Jacksonville

Principal Place of Business: 8202 W. Beaver Street, Jacksonville, FL 32220
Mailing Address: 8202 W. Beaver Street, Jacksonville, FL 32220

3. Date Incorporated or Qualified: 2/20/97
3a. Date of Last Report: 2/13/95

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

4. FEI Number: 59-1159233
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
7. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Suggs, Kenneth W.
2033 Salt Myrtle Lane
Orange Park, FL 32073

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 607.0502 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, thereby 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 named as registered agent in Block 9

Signature of the person named as registered agent in Block 10

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suggs, Clarence J.	1.2 NAME	
STREET ADDRESS	5136 Salonika Lane	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Jacksonville, FL 32210	1.4 CITY-STATE-ZIP	
TITLE	P/T/S/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suggs, Kenneth W.	2.2 NAME	
STREET ADDRESS	2033 Salt Myrtle Lane	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Jacksonville, FL 32073	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suggs, Ann H.	3.2 NAME	
STREET ADDRESS	5136 Salonika Lane	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Jacksonville, FL 32210	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	700001760447
STREET ADDRESS		4.3 STREET ADDRESS	-03/28/96--01023--001
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	***200.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700001760447
4.3 STREET ADDRESS	-03/28/96--01023--001
4.4 CITY-STATE-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 or person 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: *K.W. Suggs* K.W. Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 781-6040

CR2E034 (12/95)

AEB
3-27-96