

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # **F98000001540**
H&L GUARDRAIL, INC.
P.O. BOX 432
TROY, AL 36081

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 00 SEP -7 AM 5:37

Principal Place of Business: **226 HOLMES LANE**
TROY, AL. 36079

Mailing Address: **H&L GUARDRAIL, INC.**
P.O. BOX 432
TROY, AL 36081

2. Principal Place of Business: **TROY, AL.**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 432**
 Suite, Apt. #, etc.

City & State: **Troy, AL.**

Zip: **36081** Country: **USA**

4. FEI Number: **63-116811**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL. 33324 US

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **100003390841--8**

City: **FL** Zip Code: **33324**

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: SECRETARY/TREASURER <input checked="" type="checkbox"/> Delete	NAME: NED C JORDAN, JR
STREET ADDRESS: 116 H&L ST.	CITY-ST-ZIP: TROY, AL. 36081
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MICHELLE HARRIS CORLEY
STREET ADDRESS: 116 H&L ST	CITY-ST-ZIP: TROY, AL 36081
TITLE: PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: T MITCHELL HARRIS (SAME)
STREET ADDRESS: 116 H&L STREET	CITY-ST-ZIP: TROY, AL. 36081
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

13. 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 supplementary 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 secretary or treasurer empowered to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all proper powers.

SIGNATURE: **NED C JORDAN SEC/TREA** **9-5-00** **334-566-4541**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)