H & L GUARDRAIL, INC.					FILED Jan 16, 2001 8:00 am			
		A			Secret	tary of S	tate	
Principal Place of Business 226 HOLMES LANE TROY AL 36081		Mailing Address P.O. BOX 432 TROY AL 36081			01-16-2001 90050 026 ***150.00			
					1 (8)			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 63-1168111	├	oplied For	
Žip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curren	I t Registered Agent	<u> </u>	7. 1	Name and Address of New Re	· · · · · · · · · · · · · · · · · · ·		
			Name					
1200	Corporation System South Pine Island Road Tation FL 33324		- Street Add	ress (P.O. B	Box Number is Not Acceptable)		·	
·	MION I E SOLL		City		<u></u>	FL Zip Code	e	
8. The above	named entity submits this statement f	or the purpose of changing it	is registered office or re	gistered ag	ent, or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agen	at and title if applicable. (NC	TE: Registered Agent signature	required when re	ainstating)	DATE		
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND	D DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, T. MITCHELL 116 H & L STREET TROY AL 36081	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition S	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORLEY, MICHELLE H 116 H & L STREET TROY AL 36081	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	S. C.F.
TITLE NAME -ST ree t Address-	THOT AE GOOD	☐ Delete	TITLE NAME -SETREET ADDRESS	···		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. i hereby d	ertify that the information supplied wit on this report or supplemental report	h this filing does not qualify fi is true and accurate and that	or the exemption stated	in Section 1	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa	urther certify that the in	nformation or director	

T MITCHELL HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-8-01.

334-566-4541