

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06981 (5)**

1. Corporation Name

**BABCOCK & WILCOX CONSTRUCTION CO., INC.**

Principal Place of Business

Mailing Address

C/O TAX DEPT-P O BOX 61959  
NEW ORLEANS FL 70161  
US

C/P TAX DEPT-P O BOX 61959  
NEW ORLEANS LA 70161  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1985

3a. Date of Last Report

04/15/1994

4. FEI Number

72-1035422

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

2. Principal Place of Business

2a. Mailing Address

21 3333 Copley Road

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Copley, OH

28 City & State

24 Zip

25 Country

44321

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARPER, J F  
STREET ADDRESS 3333 COPLEY RD  
CITY-ST-ZIP COPLEY OH

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 44321

TITLE V  
NAME HENZLER, T. A.  
STREET ADDRESS 1450 POYDRAS ST  
CITY-ST-ZIP NEW ORLEANS LA

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 70112

TITLE S  
NAME HINGLE, J L  
STREET ADDRESS 1450 POYDRAS ST  
CITY-ST-ZIP NEW ORLEANS LA

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE T  
NAME JOLLIFF, R. A.  
STREET ADDRESS 1450 POYDRAS ST  
CITY-ST-ZIP NEW ORLEANS LA

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 70112

TITLE D  
NAME FIELDS, J. C.  
STREET ADDRESS 3333 COPLEY RD.  
CITY-ST-ZIP COPLEY OH

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 44321

TITLE AS  
NAME STUMPF, R. E.  
STREET ADDRESS 1450 POYDRAS ST  
CITY-ST-ZIP NEW ORLEANS LA

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 70112

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 110.07(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 empowered to execute the report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*T.A. Henzler*

T.A. Henzler

04/10/95

(504) 587-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. - Tax Admin