

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 116305 (4)
1. Corporation Name
TAMPA ARMATURE WORKS, INC.



Principal Place of Business: 440 S. 78TH ST. P.O. BOX 3381 TAMPA FL 33601
Mailing Address: 440 S. 78TH ST. P.O. BOX 3381 TAMPA FL 33601

3. Date Incorporated or Qualified: 02/01/1928
3a. Date of Last Report: 04/10/1995

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

4. FEI Number: 59-0474710
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

9. Name and Address of Current Registered Agent
**SHUPE, CHARLES B.
440 S. 78TH STREET
TAMPA FL 33619**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JR J	1.2 NAME	
STREET ADDRESS	347 BLANCA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNAM, EDWARD J	2.2 NAME	Director
STREET ADDRESS	2747 DUPONT AVE.	2.3 STREET ADDRESS	"No longer VP"
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, NANCY J	3.2 NAME	
STREET ADDRESS	205 BLANCA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	33606
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUPE, CHARLES B	4.2 NAME	
STREET ADDRESS	6801 CRESTHILL COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	33615
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JAMES A III	5.2 NAME	
STREET ADDRESS	220 BLANCA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	33606
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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: *Charles B. Shupe* - CFO 3-14-96 88-621-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)