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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 116305

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1928

4. FEI Number
59-0474710

5. Certificate of Status Desired **\$8.75** Additional Fee Required **\$5.00** May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD TURNER, JR J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	347 BLANCA DR	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BRANNAM, EDWARD J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2747 DUPONT AVE.	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S TURNER, NANCY J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 BLANCA AVE	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T SHUPE, CHARLES B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6801 CRESTHILL COURT	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD TURNER, JAMES A III	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 BLANCA	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 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, with all other like empowered.

SIGNATURE: *Charles B. Shupe* DATE: **3-4-99** DAYTIME PHONE: **813-621-5661**

CR2E034 (1/98)