FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328266** **(2)**

1. Corporation Name
AMERICAN CROSS-ARM CO INC

Principal Place of Business	Mailing Address
~~645 RIVERSIDE AVE~~ ~~SUITE 501~~ JACKSONVILLE FL 32204 US	P.O. BOX 1255 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1968
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 1300 RIVERPLACE BLVD.
Suite, Apt. #, etc.
22 605
City & State
23 JACKSONVILLE, FL
Zip 24 32207 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1211169 ☐ 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

COLEMAN,JACK
~~645 RIVERSIDE AVE~~
SUITE 501
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: COLEMAN, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 1436 SWAN LANE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	COLEMAN, JACK	1.2 NAME	COLEMAN, JACK	
STREET ADDRESS	~~645 RIVERSIDE AVE SUITE 501~~	1.3 STREET ADDRESS	1436 SWAN LANE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	COLEMAN, PHILIP R.	2.2 NAME	COLEMAN, PHILIP R.	
STREET ADDRESS	~~645 RIVERSIDE AVE SUITE 501~~	2.3 STREET ADDRESS	610 EAST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	LENOX, MA 01240	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, HELENE	3.2 NAME		
STREET ADDRESS	1436 SWAN LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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.

SIGNATURE: JACK COLEMAN *Jack Coleman* 4/19/95 (904) 348-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434006 FP