

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **421105** (8)
1. Corporation Name
DAYTONA STEEL SCAFFOLDS, CO.

Principal Place of Business: **865 ORANGE AVE. DAYTONA BEACH FL 32114**
Mailing Address: **865 ORANGE AVE. DAYTONA BEACH FL 32114**

APPROVED
AND
FILED

25 FEB -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1973** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1500899** 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 § 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**MCCULLOUGH, EUGENE H
AUDITAX
170 S. HALIFAX
DAYTONA BEACH FL 32118**

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: _____ DATE: _____
(Signature) (Print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, PATRICIA ANN	1.2 NAME	
STREET ADDRESS	1085 KINGSWOOD WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	1.4 CITY, ST, ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ALBERT JACK	2.2 NAME	
STREET ADDRESS	411 SILVER BEACH DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOLLY HILL FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GARRY	3.2 NAME	
STREET ADDRESS	4901 JACKSON ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	PORT ORANGE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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 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)(b), Florida Statutes. I further certify that the information submitted 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Lane* **PATRICIA A. LANE** 4/3/95 904-255-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR