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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:52

DOCUMENT # 692825 (3)

1. Corporation Name
JACK HICKS STEEL FABRICATION & ERECTION, INC.

Principal Place of Business	Mailing Address
405 E. ALABAMA ST. P.O. BOX 669 PLANT CITY FL 33564	405 E. ALABAMA ST. P.O. BOX 669 PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1981
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 59-2094994 ☐ 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

HICKS, RUTH F
405 E. ALABAMA ST.
PLANT CITY FL 33566

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, 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	PD	1.1 TITLE	VICE-PRESIDENT/DIR	☑ Change ☐ Addition
NAME	ANDREWS, JERRY D	1.2 NAME	JERRY D. ANDREWS	
STREET ADDRESS	405 E. ALABAMA ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SHARKAS, CAROLYN	2.2 NAME		
STREET ADDRESS	405 E. ALABAMA ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TREAS.	☑ Change ☐ Addition
NAME	STRICKLAND, DIANE	3.2 NAME	COOK, DIANE E.	
STREET ADDRESS	405 E. ALA. ST.	3.3 STREET ADDRESS	405 E. ALABAMA ST.	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, RUTH F	4.2 NAME		
STREET ADDRESS	405 E. ALABAMA ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	PRESIDENT/DIR.	☑ Change ☐ Addition
NAME	HICKS, AMANDA	5.2 NAME	HICKS, AMANDA	
STREET ADDRESS	405 E. ALABAMA ST.	5.3 STREET ADDRESS	405 E. ALABAMA ST.	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KEEN, HELEN	6.2 NAME		
STREET ADDRESS	405 E. ALABAMA ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	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: Ruth F. Hicks RUTH F. HICKS 2/3/95 813/754-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441514 FP