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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 692825 (3)
1. Corporation Name
JACK HICKS STEEL FABRICATION & ERECTION, INC.



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

Mailing Address
405 E. ALABAMA ST.
P.O. BOX 669
PLANT CITY FL 33564-0669

3. Date Incorporated or Qualified 06/30/1981
3a. Date of Last Report 04/30/1996
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

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

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | VPD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREWS, JERRY D | 1.2 NAME | |
| STREET ADDRESS | 405 E. ALABAMA ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, DIANE E | 3.2 NAME | |
| STREET ADDRESS | 405 E ALABAMA ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 3.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | SECRETARY - TREASURER - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEN, HELEN | 5.2 NAME | |
| STREET ADDRESS | 405 E. ALABAMA ST. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 5.4 CITY - ST - ZIP | |
| 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 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 3/4/97 813-754-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)