

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 005 ***150.00

'PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # 816753

1. Corporation Name
BROWN STEEL CONTRACTORS, INC.



Principal Place of Business 57 E BROAD ST P.O. BOX 1037 NEWMAN GEORGIA 30264 US	Mailing Address 57 E BROAD ST P.O. BOX 1037 NEWMAN GEORGIA 30263
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 P.O. Box 549 23 City & State 24 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 549 28 City & State 29 Zip Country 30
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3. Date Incorporated or Qualified 03/11/1963	4. FEI Number 58-0672581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

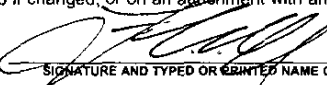
12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, S D	
STREET ADDRESS	329 E BROAD ST	
CITY-ST-ZIP	NEWMAN, GA 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MARK A	
STREET ADDRESS	16 BROOKWOOD DRIVE	
CITY-ST-ZIP	NEWMAN, GA 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, C WILLIAM	
STREET ADDRESS	10701 EAST UTE ST	
CITY-ST-ZIP	TULSA OK	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, ROBERT J.	
STREET ADDRESS	297 COTTON IND CREEK RD	
CITY-ST-ZIP	MCDONOUGH GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Florencio Mata	
13 STREET ADDRESS	57 E. Broad St	
14 CITY-ST-ZIP	Newman, GA 30263	
21 TITLE	V/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael Hall	
23 STREET ADDRESS	10701 E Ute St	
24 CITY-ST-ZIP	Tulsa, OK 74116	
31 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	W. Donald Head	
33 STREET ADDRESS	57 E Broad St	
34 CITY-ST-ZIP	Newman, GA 30263	
41 TITLE	V/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Scott McIntire	
43 STREET ADDRESS	57 E. Broad St	
44 CITY-ST-ZIP	Newman, GA 30263	
51 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Howard D. McCullough	
53 STREET ADDRESS	57 E Broad St	
54 CITY-ST-ZIP	Newman, GA 30263	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:  Florencio Mata Date: 1-26-99 Daytime Phone #: (770) 253-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)