

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 2:48****DOCUMENT # 852414 (2)**

1. Corporation Name

STRUCTURAL CONTRACTORS, LTD., INC.

Principal Place of Business

Mailing Address

P.O. BOX 808
OSKALOOSA IA 52577P.O. BOX 808
OSKALOOSA IA 52577

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1982

3a. Date of Last Report

07/06/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

42-1172303

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 the if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CROOKHAM, JOE P
STREET ADDRESS	100 FIRST AVE WEST
CITY-ST-ZIP	OSKALOOSA, IA 00000
TITLE	VSD
NAME	MCCOLLUM, THOMAS H
STREET ADDRESS	100 1ST AVE. WEST
CITY-ST-ZIP	OSKALOOSA IA
TITLE	CD
NAME	GORDIN, MYRON
STREET ADDRESS	100 1ST AVE. WEST
CITY-ST-ZIP	OSKALOOSA IA
TITLE	T
NAME	WELK, RON
STREET ADDRESS	2107 STEWART ROAD
CITY-ST-ZIP	MUSCATINE IA
TITLE	V
NAME	PINEGAR, LARRY D
STREET ADDRESS	100 1ST AVE. WEST
CITY-ST-ZIP	OSKALOOSA IA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	V
6.3 STREET ADDRESS	Luann Ferreira
6.4 CITY-ST-ZIP	2107 Stewart Road Muscatine, IA

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 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:

Thomas H. McCollum

Exec. Vice President 1/12/95 (515) 673-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. McCollum

Title

Exemption 119.07(3)(b)