FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **852414** **(2)**

1. Corporation Name

STRUCTURAL CONTRACTORS, LTD., INC.

Principal Place of Business

P.O. BOX 808
OSKALOOSA IA 52577

Mailing Address

P.O. BOX 808
OSKALOOSA IA 52577

3. Date Incorporated or Qualified: **04/05/1982**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **42-1172303** ☐ 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

21 100 1st Avenue West
22 Suite, Apt. #, etc.
23 City & State: Oskaloosa, IA
24 Zip: 52577
25 Country: Mahaska

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

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

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 for-profit corporation submits this report 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	CROOKHAM, JOE P		12 NAME		
STREET ADDRESS	100 FIRST AVE WEST		13 STREET ADDRESS		
CITY-ST-ZIP	OSKALOOSA, IA 00000		14 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	MCCOLLUM, THOMAS H		22 NAME		
STREET ADDRESS	100 1ST AVE. WEST		23 STREET ADDRESS		
CITY-ST-ZIP	OSKALOOSA IA		24 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	GORDIN, MYRON		32 NAME		
STREET ADDRESS	100 1ST AVE. WEST		33 STREET ADDRESS		
CITY-ST-ZIP	OSKALOOSA IA		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4 TITLE	T	X Change ☐ Addition
NAME	WELK,RON		42 NAME	Christopher K. Hyland	
STREET ADDRESS	2107 STEWART ROAD		43 STREET ADDRESS	100 First Ave West	
CITY-ST-ZIP	MUSCATINE IA		44 CITY-ST-ZIP	Oskaloosa, IA 52577	
TITLE	V	☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME	PINEGAR, LARRY D		52 NAME		
STREET ADDRESS	100 1ST AVE. WEST		53 STREET ADDRESS		
CITY-ST-ZIP	OSKALOOSA IA		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME	FERREIRA, LUANN		62 NAME		
STREET ADDRESS	2107 STEWART ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	MUSCATINE IA		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate and that, 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 added by this report or on an attachment with an absolute.

SIGNATURE: Thomas H McCollum 5/28/96 (515) 673-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Thomas H. McCollum

CR2E034 (12/95)