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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

852414

(2)

STRUCTURAL CONTRACTORS, LTD., INC.

May 06 1998 8:00am Secretary of State

Zip Code

FILED

						James Blas Bibli Bibli Bibli (WBf		
Principal Plac	e of Business	Mailing Address	s					
100 1ST AVE WEST OSKALOOSA IA \$2577 US		P.O. BOX 808 OSKALOOSA IA 52577			DO NOT WRITE IN THIS SPACE			
••					3. Date Incorporated or Qualified 04/05/1982			
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For		
21		26			42-1172303	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	ificate of Status Desired Sa.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Ζφ 29	30	ntry	 This corporation owes or has paid the current Personal Property Tax due June 30. 	rrent year Intangible		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
120	E PRENTICE-HALL CORPOR 01 HAYS STREET ITE 105	ation system inc.			ddress (P.O. Box Number is Not Acceptable)			
TAI	LLAMACONE EL 20204			83				

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.

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
Signature Typed or printed name of requirered sount and the	d applicable (NOTE	Registered Agent signature	required whon reinstating) DA	TE						
OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
PD	DELETE	1.1 TITLE		Change	Addition					
CROOKHAM, JOE P		1.2 NAME								
100 FIRST AVE WEST		1.3 STREET ADDRESS								
OSKALOOSA, IA 00000		1.4 CITY - ST - ZIP								
70	DELETE	2.1 TITLE		X Change	Addition					
MCCOLLUM, THOMAS H		2.2 NAME	Crookham-Johnson, Diane							
100 1ST AVE. WEST		2 3 STREET ADDRESS	100 1st Avenue West							
OSKALOOSA IA		2. 4 CITY - ST - ZIP	Oskaloosa, IA 52577							
CD	DELETE	3.1 TITLE		Change	☐ Addition					
GORDIN, MYRON		3.2 NAME								
100 1ST AVE. WEST		3 3 STREET ADDRESS	•							
OSKALOOSA IA		3.4 CITY-ST-ZIP								
1	DELETE	4.1 TITLE		L Change	☐ Addition					
HYLAND, CHRISTOPHER K.		4. 2 NAME								
100 1ST AVE WEST		4.3 STREET ADDRESS								
OSKALOOSA IA		4.4 CITY - ST - ZIP								
\$	DELETE	5.1 TITLE	•	☐ Change	Addition					
HANSEN, JAMES M		5.2 NAME								
100 1 AVE WEST		5.3 STREET ADDRESS								
OSKALOOSA IA		5.4 CITY - ST - ZIP		<u>.</u>						
V	DELETE	6.1 TITLE		∐ Change	Addition					
FERREIRA, LUANN		6.2 NAME								
:2107 STEWART ROAD		6.3 STREET ADDRESS								
	PD CROOKHAM, JOE P 100 FIRST AVE WEST OSKALOOSA, IA 00000 VD MCCOLLUM, THOMAS H 100 1ST AVE. WEST OSKALOOSA IA CD GORDIN, MYRON 100 1ST AVE. WEST OSKALOOSA IA T HYLAND, CHRISTOPHER K. 100 1ST AVE WEST OSKALOOSA IA S HANSEN, JAMES M 100 1 AVE WEST OSKALOOSA IA S HANSEN, JAMES M 100 1 AVE WEST OSKALOOSA IA V FERREIRA, LUANN	PD	Signature, typed or printed name of regretered age in and title of applicables OFFICERS AND DIRECTORS 13. PD	DELETE STREET ADDRESS STREET ADDRE	Signature: typeed or presented frame circled applied and storted depth and of depth and to the display and the of depth and to the display and the of depth and the of depth and the display					

14. Thereby 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 of the corporation of the corporation of 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 manged, or on an allocation of the corporation of the corpo

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