## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 12, 2004 8:00 am Secretary of State DOCUMENT # F02000003713 1. Entity Name PITTSBURG TANK & TOWER COMPANY ELEVATED 01-12-2004 90010 038 \*\*\*150.00 TANK DIVISION, INC. Principal Place of Business Mailing Address 515 PENNELL ST. P.O. BOX 594 HENDERSON, NY 42420 HENDERSON, KY 42419 2. Principal Place of Business 1329 US HWU 41N Mailing Address 0. Bex 40 Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chq-P CR2E034 (10/03) Sebree City & State Applied For 4. FFI Number Kintudku Kentucki 62-1357793 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-10. Change Addition TITLE ☐ Delete NAME JOHNSTON, BEN NAME 515 PENNAL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HENDERSON, KY 42420 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition HELTSLEY, PATRICK NAME STREET ADDRESS 515 PENNAL ST STREET ADDRESS CITY-ST-ZIP HENDERSON, KY 42420 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUDDLESTON, SALLY . NAME NAME 515 PENNAL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HENDERSON, KY 42420 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change · · · ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at ther like empowered.

FILED