

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 MAR 15 AM 10:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F12203 (8)**

**1. Corporation Name  
ACM SCAFFOLD, INC.**

**Principal Place of Business**  
517 S. 33RD STREET  
C/O JOHN T CHANDLER  
FT PIERCE FL 34947

**Mailing Address**  
517 S. 33RD STREET  
C/O JOHN T CHANDLER  
FT PIERCE FL 34947

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 01/01/1981 **3a. Date of Last Report** 02/03/1994

**4. FEI Number** 59-2111761 **Applied For**  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **28** Zip **29** Country **30** Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRAY, PATRICIA  
507 S 33RD ST.  
FT. PIERCE FL 34947**

**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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>CHANDLER, PAULINE E.</b>
<b>STREET ADDRESS</b>	<b>507 S 33RD ST</b>
<b>CITY-ST-ZIP</b>	<b>FT PIERCE, FL 00000</b>
<b>TITLE</b>	<b>DP</b>
<b>NAME</b>	<b>CHANDLER, ERNEST E.</b>
<b>STREET ADDRESS</b>	<b>507 S 33RD ST</b>
<b>CITY-ST-ZIP</b>	<b>FT PIERCE, FL 00000</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>GRAY, PATRICIA</b>
<b>STREET ADDRESS</b>	<b>517 S 33RD ST.</b>
<b>CITY-ST-ZIP</b>	<b>FT PIERCE FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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 110.07(3)(g), 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:** *Patricia L. Gray* **Patricia L. Gray** **3/9/95** **407-461-6604**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Number)