

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

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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34947-3511**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1981	3a. Date of Last Report 02/05/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 592111761	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		DATE	
Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TD	CHANDLER, PAULINE E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
507 S 33RD ST		1.2 NAME	
FT PIERCE, FL 00000		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
DP	CHANDLER, ERNEST E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
507 S 33RD ST		2.2 NAME	
FT PIERCE, FL 00000		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
S	GRAY, PATRICIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
517 S 33RD ST.		3.2 NAME	
FT PIERCE FL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0473503

CR2E034 (9/96)