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

PROFIT CORPORATION ANNUAL REPORT



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

1	9	9	E

1. Corporatio	MENT# F9300 URY STEEL ERECTORS, INC	000008 (! c.	5)		1 (8 8) 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	e of Business	Mailing Address	·*			
1125 CAMP HOLLOW ROAD WEST MIFFLIN PA 15122		1125 CAMP HOLLOW WEST MIFFLIN PA 1:				
					3. Date Incorporated or Qualified 12/30/1992	3a. Date of Last Report 05/16/1995
_	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			25-1635973	Not Applicable
Suite, Apt.	#, EtC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	e	Orty & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	<i>Ζ</i> φ	Country		8. This corporation has liability for i	
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R	
			81	Name	To. Hame and Address of New A	egistered Agent
MEARS	, GREGORY L		82	Street Arid	lress (P.O. Box Number is Not Acceptable	o\
	. POWERLINE ROAD		02	Olicel Add	ress (ro. dox rudinder is not Acceptable	ie)
POMPA	NO BEACH FL 33073		83			
			84	City		FL 85 Zip Code
familiar wi	th, and accept the obligations of, Section Signature types or protect name of registrant agent a	en 607.0505, Horida Statute		ration's boa	ration submits this statement for the purpord of directors. I hereby accept the appointment rensising	Dose of changing its registered office intrnent as registered agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
NAME	ANTHONY, RAY G	DELFTE	1 1 THILE			Change Addition
STREET ADDRESS	1165 CAMP HOLLOW ROAD		12 NAME 13 STREET A	DODECC		
CITY-ST-ZIP	WEST MIFFLIN PA 15122		1.4 C+TY-ST-	- 1		
TITLE	D	DELETE	2 1 T TLE			☐ Change ☐ Addition
NAME	BOVE, ALBERT C		2.2 NAME			
STREET ADDRESS	1165 CAMP HOLLOW ROAD		2 3 STREET A	DORESS		
CITY-ST-ZIP	WEST MIFFLIN PA 15122 STD	ΓΠ DFLE!E	2 4 CITY - S1	ZIP		
NAME	MAHOKEY, DAVID W	∐ britt∗t	3 1 DILF			Change Addition
STREET ADDRESS	1165 CAMP HOLLOW ROAD		3.2 NAME 3.3 STREET A	inneess		
CITY-ST-ZIP	WEST MIFFLIN PA 15122		34 City S1-	- 1		
1-TLE	P	DETELE	4 1 Trile			Change Addition
NAME	TAYLOR, DONN R		4.2 NAME			
STREET ADDRESS	1125 CAMP HOLLOW ROAD		4.3 STREET A	DORESS		
CITY - ST - ZIP	WEST MIFFLIN PA 15122	T prints	4 4 CITY - ST -	ZIP		
TITLE NAME		☐ DELETE	5 1 DITLE			Change Addition
STREET ADDRESS			5.2 NAME	p.p.or.cc		
CITY-ST-7/P			5 3 STREET AL			
TITLE		DELETE	5 4 CHY ST-	ZIP'		Change Addition
NAME						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not allify for the exemption stated in Section 119.07(3)(k). 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 12 if changed, or on an attachment with an address.

6.3 STREFT ADDRESS

6.4 C-TY - ST - ZIP

SIGNATURE:

STREET ADDRESS

C(TY - ST - 7(P)

TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

412/469-8800