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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300003580 (8)

FILED Feb 10 1998 8:00am Secretary of State

E & H	STEEL CONNECTIONS, INC	.		4 (8 0) 10 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Principal Plac	e of Business	Mailing Address			ADIAN UISE SULOI IRISI ORII 1901
P. O. BOX 1170		P. O. BOX 1170			
MIDLAND CITY AL 36350		MIDLAND CITY AL 36350		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	10017102
				08/05/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		63-0938486	Not Applicable
Suite, Apt. W, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & Stale		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND RD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PU	INTATION FL 33324		83		
			84 City	.	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	s, the above-named co		
office or r agent 1 a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au itions of, Section 607.0505, Flori	ithorized by the corpora ida Statutes.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE		•			1
	Signature, typed or printed name of registered ago		Ringistered Agent signature requ		
12.	PCO OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	EVANS, C. S	L.J Deterie	1.1 TITLE		Cuange L. Addition
NAME STREET ADDRESS	510 RIVEREDGE PARK		1,2 NAME 1,3 STREE1 ADDRESS		
CITY-ST-ZIP	DOTHAN AL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	21 TITLE		Change Addition
NAME	HENDERSON, JIMMY R	_	2.2 NAME		_ , _
STREET ADDRESS	5708 HODGEVILLE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		2 4 CITY - ST - ZIP		
TITLE	SD	DELETE	3 1 TITLE		Change Addition
NAME	THOMAS ROBERT W.		3.2 NAME	·	
STREET ADDRESS	1835 N STATE HWY 123		3 3 STREET ADDRESS		Ţ
CITY-ST-ZIP	NEWTON AL		3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		- Detect	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 City-St-Zip		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14 I hereby c	partiful that the information cutualised we	ith this filing doos not quality for	the exemption stated i	n Section 119 07/3Vi). Florida Statutes, Liuribe	r certify that the information

14. Fhereby 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 trustoger impowered 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

Ka Mom _

2-4-98 (334) 983-5636