

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

**CORPORATION
ANNUAL REPORT
1995**



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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005783 (6)

1. Corporation Name
SHERMAN UTILITY STRUCTURES, INC.

Principal Place of Business Mailing Address
2131 MAGNOLIA AVENUE SOUTH BIRMINGHAM AL 35205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/21/1993** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc.

4. FEI Number **57-0515770** Applied For
Not Applicable

22 City & State 27 City & State

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

23 Zip 28 Country 29 Zip 30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	
TITLE	P
NAME	FAUST, EARL R
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	SD
NAME	WHITT JR, WILLIAM O
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D
NAME	HOLTON, J T
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D
NAME	HAMILTON JR, WILLIAM F
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D
NAME	MALL, HANS P
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D
NAME	WOENER, ROLF
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(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 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

William F. Hamilton, Jr. 2/14/95 205-252-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Area #)