

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005783 (6)**

1. Corporation Name

SHERMAN UTILITY STRUCTURES, INC.



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

3. Date Incorporated or Qualified: **12/21/1993**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **57-0515770**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. **217 MAGNOLIA AVES**
22 City & State
23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. **217 MAGNOLIA AVES**
27 City & State
28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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 reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, EARL R	1.2 NAME	
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	1.3 STREET ADDRESS	2117 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITT JR, WILLIAM O	2.2 NAME	LAWRENCE E PRICE, JR
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	2.3 STREET ADDRESS	2117 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTON, J T	3.2 NAME	CARL HENLEIN
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	3.3 STREET ADDRESS	2117 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON JR, WILLIAM F	4.2 NAME	
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALL, HANS P	5.2 NAME	
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	5.3 STREET ADDRESS	2117 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOENER, ROLF	6.2 NAME	
STREET ADDRESS	2131 MAGNOLIA AVENUE SOUTH	6.3 STREET ADDRESS	2117 MAGNOLIA AVENUE SOUTH
CITY-ST-ZIP	BIRMINGHAM AL	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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry E. Price, Jr.* **LARRY E. PRICE, JR** 205 WSP 7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **5/10/95** Daytime Phone #

CR2E034 (12/95)