FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00				
CORPORATION FLORIDA DEPARTMENT & STATE				
ANNUAL REPORT	Sandra B		·	
1995 '	Secretar DIVISION OF (y o l State Deporacions		
DOCUMENT # F o	┥			
DOCUMENT # F 9400001586				
			İ	:
S. W. Pile + Supply Co.				N.
S. W. Pile & Supply Co. Principal Place of Rusiness Mailing Address				
133 R+ 53			DO NOT WRITE I	N THIS SPACE.
Addison, IL, 60101			3. Date Incorporated or Qualified	3a. Date of Last Report
			1989 4. FEI Number	1995 Applied For
2. Principal Place of Business 4 St.	2a. Mailing Address 26		58 1699888	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tampa, FL	26	County	Trust Fund Contribution 8. This corporation has liability for int	Added to Fees
Zip 3360 2 Country	Zıp	Country 30	Florida Statutes Yes	No
9. Name and Address of (Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HARVEY M. K. 1103 N. 602 Tampa, FL 3	0682		ress (P.O. Box Number is Not Acceptable	1
1103 N. 50th	5E.		ress (F.O. DOX Humber is NOT Neceptable	
Tampa, FL 3	3602	83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60 or registered agent, or tropp, in the State of familiar with, and accept the obligations of	7.0502 and 607.1508, Florida Statutes of Florida, Such change was authorized	the above named corpor by the corporation's boa	ration submits this statement for the purport and of directors. Thereby accept the appoin	ose of changing its registered office ntment as registered agent. I am
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	f, Section 607.0505, Florida Statutes.	,		
	ed agent and the if applicable (NOTE RS AND DIRECTORS	Registered Agent signature require	ad when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
Title Oha Vara	Procedent	1 1 DILE	ADDITIONS OF THE STATE OF THE S	Change Addition
HATME 122 5 R	versident)	1 2 NAME	•	
STREET ADDRESS CITY-ST-ZIP RIGHTSON, IN	60101	1 3 STREET ADORESS 1 4 CITY - ST - ZIP		
TITLE (Seare 14)		2 1 TITLE		Change Addition
NAME STEVE	te 53	2 2 NAME 2 3 STREET ADDRESS		
CITY-SI-ZIP TITLE TREASORER	IL 60101	2 4 CITY - ST - ZIP		
TITLE TREASURER	Vacan	3 1 TITLE 32 NAME		Change Addition
NAME STREET ADDRESS CITY ST - ZIP HALVEY HAL	te 153	33 STREET ADDRESS		
CITY-ST-ZIP Addison, I	16010/	3 4 CITY - ST - ZIP		Change Addition
NAME NAME		4 1 TITLE 4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - \$1 - ZIP 5.1 TITLE		Change Addition
TIFLE NAME		52 NAME		
STREET ADDRESS		53 STREET ADORESS	<u> </u>	2979
CITY ST-ZIP		5 4 CITY ST ZIP	90000178 -04/22/96010	890(14 Change Addition
NAME		6 2 NAME	***200.00	202
STREET ADDRESS		6 3 STREET ADDRESS		ų p
14. I do hereby certify that the information su	ipplied with this filing is voluntarily furnis		for the exemption stated in Section 119 Crate and that my signature shall have the	07(3)(k), Flonda Statutes I further same legal effect as if made under
14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(it.) Fonds Statutes Truther that the information indicated on this amfuel prior or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am an officer or director of the domoration 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 of an attachment with an address				
1	111	Harry Ic	0500 3/18/85	(mg)
SIGNATURE: X SIGNATURE AND	EDION PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Date	Oavirne Phone #
Υ Υ				