

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000001659 (1)

1. Corporation Name

WESTERN WIRE ROPE & FITTINGS CO. INC.

FILED
95 JAN 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 222
BESSEMER AL 35021

Mailing Address

P.O. BOX 222
BESSEMER AL 35021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FBI Number	63-1066889 63-1132647	Applied For	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing	☐	\$5.00 May Be Added to Fees	
24	Zip	29	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	MCCANDLESS, MARK	1.2 NAME	William B.R. Hobbs
STREET ADDRESS	401 N. 20TH ST.	1.3 STREET ADDRESS	280 NEW COMMERCIAL BLVD.
CITY-ST-ZIP	BESSEMER AL 35020	1.4 CITY-ST-ZIP	ASHLEY PA. 18706
TITLE	SD	2.1 TITLE	Vice President - Sec.
NAME	WARREN, R. CONNER	2.2 NAME	William J. Golla
STREET ADDRESS	2 OFFICE PARK	2.3 STREET ADDRESS	280 New Commerce Blvd.
CITY-ST-ZIP	BIRMINGHAM AL 35223	2.4 CITY-ST-ZIP	Ashley PA. 18706
TITLE	AS	3.1 TITLE	Mark McCandless
NAME	HENDERSON, LOUIS	3.2 NAME	401 No. 20th St.
STREET ADDRESS	2 OFFICE PARK	3.3 STREET ADDRESS	Bessemer AL 35020
CITY-ST-ZIP	BIRMINGHAM AL 35223	3.4 CITY-ST-ZIP	Asst. Secretary
TITLE	D	4.1 TITLE	Connie Englebert
NAME	HACKNEY, T. MORRIS	4.2 NAME	401 No 20th ST
STREET ADDRESS	2 OFFICE PARK	4.3 STREET ADDRESS	Bes
CITY-ST-ZIP	BIRMINGHAM AL 35223	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WEEKS, HUGH	5.2 NAME	
STREET ADDRESS	2 OFFICE PARK	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RITCHIE, THOMAS	6.2 NAME	
STREET ADDRESS	312 N. 23RD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	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 110.07(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:

Connie Englebert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONNIE Englebert

1-20-95

205-4251614