


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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000005581 (3)

1. Corporation Name
UNITED SCAFFOLDING, INC.

Principal Place of Business

3915 DACOMA SUITE F
HOUSTON TX 77092

Mailing Address

3915 DACOMA SUITE F
HOUSTON TX 77092-8700



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1994		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 72-1225867		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOD <input type="checkbox"/> DELETE	1.1 TITLE	CEOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARKEY, DAVID	1.2 NAME	WOODS, NEIL W.
STREET ADDRESS	3915 DACOMA, SUITE F	1.3 STREET ADDRESS	3915 Dacoma, Suite F
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	Houston, TX 77092
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSCH, ROBERT	2.2 NAME	SANDERS, ERNEST
STREET ADDRESS	3915 DACOMA, SUITE F	2.3 STREET ADDRESS	3915 Dacoma, Suite F
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	Houston, TX 77092
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEATHAM, CLARENCE	3.2 NAME	BROWN, ROBERT T.
STREET ADDRESS	3915 DACOMA, SUITE F	3.3 STREET ADDRESS	3915 Dacoma, Suite F
CITY - ST - ZIP	HOUSTON TX 77092	3.4 CITY - ST - ZIP	Houston, TX 77092
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, GARY	4.2 NAME	
STREET ADDRESS	3915 DACOMA, SUITE F	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77092	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, STEPHEN C	5.2 NAME	
STREET ADDRESS	3915 DACOMA, SUITE F	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77092	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULOTTA, GERALD	6.2 NAME	
STREET ADDRESS	3915 DACOMA, SUITE F	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77092	6.4 CITY - ST - ZIP	

14. I do hereby 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 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 attached form with an address.

SIGNATURE *Neil W. Woods* NEIL W. WOODS 02/12/1997 713-682-8880

CR2E034 (9/96)