PRO	DFIT
CORPO	RATION
ANNUAL	REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P08535

**ZURN CONSTRUCTORS, INC.** 



Principal Place of Business ONE ZURN PLACE P. O. BOX 2000 ERIE PA 16514-9000

ONE ZURN PLACE P. O. BOX 2000 ERIE PA 16514-9000

				12/26/1985	04/24/1995
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		95-3700653	Not Applicable
22	Suite, Apt. #, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	Oty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip Country 16514-2000 25	29 16514-2000 30	Country	8. This corporation has liability for in Florida Statutes 🔀 Yes	□No
-	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	OT CORROBATION EVETEN				

CT CORPORATION SYSTEM 1200 S. 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			

3. Date Incorporated or Qualified 3a. Date of Last Report

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

0A'E Skyrature, typed or preteo name of registeric age, transitivin apple as 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TILE X Change Addition RUTZLER, III., JOHN E. NAME 1.2 NAME ONE ZURN PLACE STREET ADDRESS 1.3 STREET ADDRESS ERIE PA C-TY - ST - ZIP 1.4 CHY-\$1-ZIP 16505 TITLE DELETE 2.1 1111.5 X Change Addition HYNES, JAMES H. NAME 2.2 NAME ONE ZURN PLACE STREET ADDRESS 2.3 STREET ADDRESS 16505 ERIE PA CITY-S1-ZIP 24 City St ZiP TITLE DELETE 3 111111 X Change Addition HAINES, DENNIS NAME 3.2 NAME 1 ZURN PL STREET ADDRESS 3.3 STHEET ADDRESS ERIE PA 16505 CITY-ST-ZIP 3.4 CITY - ST-ZIP TITLE DELETE 4 1 TH \_E Change Addition DEWEESE, ARMAND J NAME 4.2 NAME 1500 W 9TH ST STREET ADDRESS 4.3 STHEET ADDRESS UPLAND CA CITY-ST-ZIP 91785-1210 4.4.0(E) - \$1. ZIP TITLE DELETE 5 1 TITLE K Change Addition NAME WOMACK, ROBERT 5.2 NAME ONE ZURN PLACE STREET ADDRESS 5.3 STREET ADDRESS ER! PA CITY - ST-ZIP 5.4 C/TY - ST - 7/P 16505 TITLE X DELETE 6.1 TITLE Change X Addition NAME FREEMAN, WILLIAM A 6.2 NAM7 Frank Sheeder ONE ZURN PLACE STREET ADDRESS. € 3 STREET ADDRESS One Zurn Place ERIE PA CITY-ST-ZiP Erie, PA 16505 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voiuntarily 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:



4/**29**/96 814/452-2111

CR2E034 (12/95)