

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

FILED

**Apr 21 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 # P13135 (9)
1. Corporation Name
HENSEL PHELPS CONSTRUCTION CO.



Principal Place of Business: **420 6TH AVENUE P.O. BOX 0 GREELEY CO 80631-2332**
Mailing Address: **420 6TH AVENUE P.O. BOX 0 GREELEY CO 80631-2332**

3. Date Incorporated or Qualified: **02/05/1987** 3a. Date of Last Report: **01/30/1996**
4. FEI Number: **84-0876644** Applied For: Not Applicable
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** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JERRY	
STREET ADDRESS	420 6TH AVE	
CITY - ST - ZIP	GREELEY CO	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WILSON, ERIC	
STREET ADDRESS	420 6TH AVENUE	
CITY - ST - ZIP	GREELEY CO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGENSEN, JERRY L.	
STREET ADDRESS	420 6TH AVE.	
CITY - ST - ZIP	GREELEY CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARRICO, STEPHEN	
STREET ADDRESS	420 6TH AVE.	
CITY - ST - ZIP	GREELEY CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIELS, ROBERT E	
STREET ADDRESS	420 6TH AVE.	
CITY - ST - ZIP	GREELEY CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNALLIE, VICTOR C.	
STREET ADDRESS	420 6TH AVE	
CITY - ST - ZIP	GREELEY CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE: Sandra B. Mortham **SIGNATURE REQUIRED** 4/14/97 (97) 852-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)