Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90088 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13135

1. Corporation Name

HENSEL PHELPS CONSTRUCTION CO.

Dringinal Place	o of Rueinose	Mailing Address			EIDIL GEBLI EIDEL BLUIT SIDEL 1891
Principal Place of Business		P O BOX O			
420 6TH AVENUE P.O. BOX 0		GREELEY CO 80631-2332			
GREELEY CO 80631-2332		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 02/05/1987	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		84-0876644	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continuate of classes and a	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29 80632 30	 	Personal Property Tax.	Yes XNo
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
CT C	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324				
ı Ça			83		
			84 City	F	85 Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	orized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if conjectile (NOTE: Re	gistered Agent signature require	od when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	VSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILSON, ERIC		1.2 NAME		
STREET ADDRESS	420 6TH AVENUE		1.3 STREET ADDRESS	Y .	
	GREELEY CO		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORGENSEN, JERRY L.	_	2.2 NAME		l
STREET ADDRESS	400 OTH AVE		2.3 STREET ADDRESS		
	GREELEY CO		2.4 CITY-ST-ZIP		ا ، معنف مت ا
CITY-ST-ZIP TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARRICO, STEPHEN		3.2 NAME		
STREET ADDRESS	420 6TH AVE.		3.3 STREET ADDRESS		
	GREELEY CO		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, ROBERT E	_	4.2 NAME		
STREET ADDRESS	400 CTU AVE		4 3 STREET ADDRESS		
CITY-ST-ZIP	GREELEY CO		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MCNALLIE, VICTOR C.		5.2 NAME		•
STREET ADDRESS	420 6TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREELEY CO		5,4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NORBY, RON		6.2 NAME		
STREET ADDRESS	AGG GIVETTI AVEC		6.3 STREET ADDRESS		

14. I 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, with all other like empowered.

SIGNATURE:

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

i Carrico

27199 (970) 352-6565