

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P14881 (7)**  
1. Corporation Name  
**ERECTED STEEL PRODUCTS OF ALABAMA, INC.**



Principal Place of Business: **2490 OLD HWY. 150  
PO BOX 360347  
BESSEMER AL 35023  
US**

Mailing Address: **P. O. BOX 360347  
BIRMINGHAM AL 35236  
US**

3. Date Incorporated or Qualified: **06/17/1987**      3a. Date of Last Report: **05/01/1995**

4. FEI Number: **63-0948048**      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 State, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country

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: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 TITLE:  DELETE  
NAME: **PD TERRY, GERALD**  
STREET ADDRESS: **2411 CHANDAWOOD DRIVE**  
CITY, ST, ZIP: **PELHAM AL**

11.2 TITLE:  DELETE  
NAME: **D DEAN, MICHAEL**  
STREET ADDRESS: **320 VARDEN HILL ROAD**  
CITY, ST, ZIP: **BIRMINGHAM AL**

11.3 TITLE:  DELETE  
NAME: **D BURKE, TOM**  
STREET ADDRESS: **101 COCKSPUR COURT**  
CITY, ST, ZIP: **PEACHTREE CITY GA**

11.4 TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

11.5 TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

12.2 TITLE:  Change  Addition  
NAME: **D Terry, H.T.**  
STREET ADDRESS: **2409 Chandawood Drive**  
CITY, ST, ZIP: **Pelham, AL 35129**

12.3 TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

12.4 TITLE:  Change  Addition  
NAME: **D Eulenfeld, B.R.**  
STREET ADDRESS: **111 Rolling Green**  
CITY, ST, ZIP: **PEACHTREE CITY, GA 30269**

12.5 TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
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 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven F. McDowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Steven F. McDowell**

2-7-96      205/481-3700

CR2E034 (12/95)