FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:50

DOCUMENT # P33496 (1)

1. Corporation Name
T & M TILT-UP, INC.

Principal Place of Business	Mailing Address
174 W ATHENS STR WINDER GA 30680 US	174 W ATHENS STR WINDER GA 30680 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/09/1991
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 Winder, Georgia
22 Suite, Apt. #, etc.
23 City & State: Winder, GA 30680
24 Zip: 30680
25 Country: Barrow

2a. Mailing Address
26 174 West Athens Street
27 Suite, Apt. #, etc.
28 City & State: Winder, GA 30680
29 Zip: 30680
30 Country: Barrow

4. FEI Number: 58-1638273 ☐ 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

9. Name and Address of Current Registered Agent

HANSON, DANA R.
6328 NW 173RD TERRACE
HIALEAH FL 33015

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX	11 TITLE	☐ Change ☐ Addition
NAME	XX DELOACH, TOMMY Xx	12 NAME	
STREET ADDRESS	XX 4931 BENTLEY ROAD, NW	13 STREET ADDRESS	
CITY-ST-ZIP	XX MONROE GA XXXXXXXX	14 CITY-ST-ZIP	
TITLE	XX President	21 TITLE	President ☒ Change ☐ Addition
NAME	DELOACH, W. MICHAEL	22 NAME	De Loach, W. Michael
STREET ADDRESS	RT. 3 BOX 354-R	23 STREET ADDRESS	475 Tucker Road
CITY-ST-ZIP	WINDER GA	24 CITY-ST-ZIP	Winder, GA 30680
TITLE	S	31 TITLE	Secretary ☐ Change ☐ Addition
NAME	DELOACH, MARILYN A.	32 NAME	De Loach, Marilyn A.
STREET ADDRESS	4931 BENTLEY ROAD, NW	33 STREET ADDRESS	4931 Bentley Road, NW
CITY-ST-ZIP	MONROE GA	34 CITY-ST-ZIP	Monroe, GA 30656
TITLE	T	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	DELOACH, JANET C.	42 NAME	De Loach, Janet C.
STREET ADDRESS	RT. 3 BOX 354-R	43 STREET ADDRESS	475 Tucker Road
CITY-ST-ZIP	WINDER GA	44 CITY-ST-ZIP	Winder, GA 30680
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: W. Michael DeLoach W. Michael De Loach 1-16-95 1-404-867-4768
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

President

0400743 FN