SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL -3 AM 8:12

DOCUMENT # P35325 (0)

1. Corporation Name

MASON & HANGER ENGINEERING INC.

Principal Place of Business	Mailing Address
2355 HARRODSBURG ROAD LEXINGTON KY 40504	2355 HARRODSBURG ROAD LEXINGTON KY 40504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 61-1082641 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOGHRY, RICHARD M
STREET ADDRESS	4726 DELANEY FERRY ROAD
CITY-ST-ZIP	VERSAILLES KY
TITLE	~~D~~ X
NAME	~~HEFFELBOWER, DWIGHT E.~~ XXXXX
STREET ADDRESS	~~1404 PARKERS MILL ROAD~~ XXXXX
CITY-ST-ZIP	LEXINGTON KY
TITLE	~~D~~
NAME	XXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXX
TITLE	DP
NAME	WILSON, JAMES W., III
STREET ADDRESS	107 CREEKSIDE DRIVE
CITY-ST-ZIP	GEORGETOWN KY
TITLE	DV
NAME	POPE, ALVIN L.
STREET ADDRESS	665 WALNUT HILL ROAD
CITY-ST-ZIP	LEXINGTON KY
TITLE	ST
NAME	CROPPER, CAROLYN S.
STREET ADDRESS	603 CRICKLEWOOD DRIVE
CITY-ST-ZIP	LEXINGTON KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Frank R. Kurzynske-Chairman 4804 Chelmsbury Lane Lexington, KY 40515	☐ Change ☒ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director William Weinreich 7207 Versailles Amarillo, TX 79121	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Richard M. Loghry **Change in address only 107 Raintree Ct. ~~Nicholasville, KY 40356~~	☒ ** Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: Carolyn S. Cropper (signature) June 27, 1995 606-223-4773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #
Carolyn S. Cropper

0101071 FN