


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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000058029 (7)**  
1. Corporation Name  
**UNIT ERECTION SERVICES, INC.**

Principal Place of Business  
**610 NORTH GOODRICH DR  
SUITE A  
DELTONA FL 32725  
US**

Mailing Address  
**610 NORTH GOODRICH DR  
SUITE A  
DELTONA FL 32725  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>366 East Graves Avenue</b> Suite, Apt. #, etc. 22 <b>Suite B-1</b> City & State 23 <b>Orange City, FL 32763</b> Zip 24 <b>32763</b>	2a. Mailing Address 26 <b>P.O. Box 740567</b> Suite, Apt. #, etc. 27 City & State 28 <b>Orange City, Florida</b> Zip 29 <b>32774-0567</b>	3. Date Incorporated or Qualified <b>08/05/1994</b>	4. FEI Number <b>59-3296030</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GRAHAM, KIMBERLY A  
610 N GOODRICH DR  
SUITE A  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name <b>Graham, Kimberly A.</b>	85 Zip Code <b>32763</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>366 East Graves Avenue</b>	
83 <b>B-1</b>	
84 City <b>Orange City, FL</b>	

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 Kimberly A. Graham **Kimberly A. Graham, President** 4/17/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD GRAHAM, KIMBERLY A 610 N GOODRICH DR DELTONA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSTD Graham, Kimberly A. 366 East Graves Avenue, Suite B-1 Orange City, FL 32763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Kimberly A. Graham **Kimberly A. Graham, President** 4/17/98 (904) 774 -0851

CR2E034 (10/97)