

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

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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90021 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000155

1. Corporation Name
BRAND SCAFFOLD BUILDERS, INC.

Principal Place of Business 15450 SOUTH OUTER HIGHWAY 40 CHESTERFIELD MO 63017 US	Mailing Address 15450 SOUTH OUTER HIGHWAY 40 SUITE 270 CHESTERFIELD MO 63017 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country
25.	30.

3. Date Incorporated or Qualified 01/09/1997	
4. FEI Number 13-3909683	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	85. Zip Code

FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RONALD W	1.2 NAME	James M. McGee
STREET ADDRESS	1830 JASMINE ST.	1.3 STREET ADDRESS	10389 Airline Highway
CITY-ST-ZIP	PASADENA TX 77503	1.4 CITY-ST-ZIP	St. Rose, LA 70087
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURG, MCKINLEY L	2.2 NAME	Irate Chan
STREET ADDRESS	10389 AIRLINE HIGHWAY	2.3 STREET ADDRESS	1830 Jasmine
CITY-ST-ZIP	ST. ROSE LA 70087	2.4 CITY-ST-ZIP	Pasadena TX 77503
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, JAMES M	3.2 NAME	Daniel J. Schexnaydre
STREET ADDRESS	10389 AIRLINE HIGHWAY	3.3 STREET ADDRESS	950 Mahaffey
CITY-ST-ZIP	ST. ROSE LA 70087	3.4 CITY-ST-ZIP	Port Allen LA 70767
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEXNAYDRE, DANIEL J	4.2 NAME	Scott M. Robinson
STREET ADDRESS	950 MAHAFFEY RD.	4.3 STREET ADDRESS	1830 Jasmine
CITY-ST-ZIP	PORT ALLEN LA 70767	4.4 CITY-ST-ZIP	Pasadena TX 77503
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, IRATE W	5.2 NAME	Raymond L. Edwards
STREET ADDRESS	1830 JASMINE ST.	5.3 STREET ADDRESS	15450 S Outer Highway 40, Suite 270
CITY-ST-ZIP	PASADENA TX 77503	5.4 CITY-ST-ZIP	Chesterfield, MO 63017
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCHEN, BRENDA A	6.2 NAME	
STREET ADDRESS	10389 AIRLINE HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA 70087	6.4 CITY-ST-ZIP	

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James M. McGee
1.3 STREET ADDRESS	10389 Airline Highway
1.4 CITY-ST-ZIP	St. Rose, LA 70087
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Irate Chan
2.3 STREET ADDRESS	1830 Jasmine
2.4 CITY-ST-ZIP	Pasadena TX 77503
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel J. Schexnaydre
3.3 STREET ADDRESS	950 Mahaffey
3.4 CITY-ST-ZIP	Port Allen LA 70767
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scott M. Robinson
4.3 STREET ADDRESS	1830 Jasmine
4.4 CITY-ST-ZIP	Pasadena TX 77503
5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Raymond L. Edwards
5.3 STREET ADDRESS	15450 S Outer Highway 40, Suite 270
5.4 CITY-ST-ZIP	Chesterfield, MO 63017
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ Date: **3/1/99** Daytime Phone #: **314-579-6603**

CR2E034 (1/198)