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 MAR 30 AM 9:01

DOCUMENT # **P13007** **(0)**

1. Corporation Name
PHOENIX FABRICATORS AND ERECTORS, INC.

Principal Place of Business
110 S. GRISWOLD ROAD
INDIANAPOLIS IN 46234

Mailing Address
110 S. GRISWOLD ROAD
INDIANAPOLIS IN 46234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1987
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 182 South County Road, 900 E
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 182 South County Road, 900 E
P.O. Box 34410
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 35-1676662 — 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
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 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: [illegible] NOTE: Registered Agent signature required when applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☒ Change ☒ Addition
NAME	SHORT, JEFFREY A.	12 NAME	
STREET ADDRESS	~~7140 WEST AMELIA DRIVE~~	13 STREET ADDRESS	3955 Village Dr.
CITY ST ZIP	NEW PALESTINE IN	14 CITY ST ZIP	46163
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	MCNEES, WILLARD F.	22 NAME	
STREET ADDRESS	1036 LAKEWOOD SOUTH, DR.	23 STREET ADDRESS	
CITY ST ZIP	BROWNSBURG IN	24 CITY ST ZIP	46112
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	LAKIN, CHARLES D.	32 NAME	
STREET ADDRESS	745 ABBINGTON STATION	33 STREET ADDRESS	
CITY ST ZIP	DANVILLE IN	34 CITY ST ZIP	46122
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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 hereby certify that the information supplied with this filing, and clear not qualify for the penalties stated in Section 817.155, Florida Statutes. I further certify that the information 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 11 or Block 12 above and/or an attachment with an address.

SIGNATURE: Jeffrey A. Short
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR

3/22/95
Date

317-271-7002
Daytime Phone #

0479785 FP