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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P13007 (0)

1. Corporation Name
PHOENIX FABRICATORS AND ERECTORS, INC.



Principal Place of Business
182 S COUNTY RD. 900 E
PO BOX 34410
INDIANAPOLIS IN 46234
US

Mailing Address
182 S COUNTY RD. 900 E
PO BOX 34410
INDIANAPOLIS IN 46234-0410
US

3. Date Incorporated or Qualified
01/26/1987
3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHORT, JEFFREY A.	
STREET ADDRESS	3955 VILLAGE DR	
CITY-ST-ZIP	NEW PALESTINE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BACON, HORACE F	
STREET ADDRESS	5591 MUIRFIELD WAY	
CITY-ST-ZIP	PLAINFIELD IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAKIN, CHARLES D.	
STREET ADDRESS	745 ABBINGTON STATION	
CITY-ST-ZIP	DANVILLE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARREN, HUGH K	
STREET ADDRESS	8008 FISHBACK RD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTHERBER, EUGENE M	
STREET ADDRESS	8070 FISHBACK RD	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YOHLE, TIMOTHY F	
STREET ADDRESS	12469 BENTLEY BLVD.	
CITY-ST-ZIP	FISHERS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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:

Timothy F. Yohler
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy F. Yohler, Secretary

1-6-97

317-271-7002

Date Daytime Phone #

0478470

CR2E034 (9/96)