


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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90018 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P13007**

1. Corporation Name  
**PHOENIX FABRICATORS AND ERECTORS, INC.**

Principal Place of Business <b>182 S COUNTY RD. 900 E PO BOX 34410 INDIANAPOLIS IN 46234 US</b>	Mailing Address <b>182 S COUNTY RD. 900 E PO BOX 34410 INDIANAPOLIS IN 46234 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>01/26/1987</b>	4. FEI Number <b>35-1676662</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>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

Signature, typed or printed name of registered agent and title if applicable.

(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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORT, JEFFREY A.</b>	1.2 NAME	
STREET ADDRESS	<b>3955 VILLAGE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PALESTINE IN</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACON, HORACE F</b>	2.2 NAME	
STREET ADDRESS	<b>5591 MUIRFIELD WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLAINFIELD IN</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAKIN, CHARLES D.</b>	3.2 NAME	
STREET ADDRESS	<b>745 ABBINGTON STATION</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANVILLE IN</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, HUGH K</b>	4.2 NAME	
STREET ADDRESS	<b>8008 FISHBACK RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHERBER, EUGENE M</b>	5.2 NAME	
STREET ADDRESS	<b>8070 FISHBACK RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOHLER, TIMOTHY F</b>	6.2 NAME	
STREET ADDRESS	<b>12469 BENTLEY BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FISHERS IN</b>	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:

*Timothy F. Yohler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

(317) 271-7002

Daytime Phone #

CR20234-111081