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

APPROVED AND FILED

95 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **350469** **(3)**

1. Corporation Name
DYCOM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
450 AUSTRALIAN AVE., SOUTH STE.#860 WEST PALM BEACH FL 33401	450 AUSTRALIAN AVE., SOUTH STE.#860 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1969	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1277135	☐ 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
7. This corporation has [illegible] intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

FRAZIER, PATRICIA B
450 AUSTRALIAN AVE, S., SUITE 860
REFLECTIONS OFFICE CENTER
W. PALM BEACH FL 33401

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☑ Addition
NAME	ROSEMAN, RONALD L	12 NAME		
STREET ADDRESS	9723 TIFFANY OAKS LN #3	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	33612	
TITLE	D	21 TITLE		☐ Change ☑ Addition
NAME	YOUNKIN, RONALD P.	22 NAME		
STREET ADDRESS	555 GREENLAWN AVE	23 STREET ADDRESS		
CITY ST ZIP	COLUMBUS OH	24 CITY ST ZIP	43223	
TITLE	S	31 TITLE		☐ Change ☑ Addition
NAME	FRAZIER, PATRICIA B	32 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE #860	33 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	34 CITY ST ZIP	33401	
TITLE	D	41 TITLE		☐ Change ☑ Addition
NAME	ADAMS, LOUIS W, JR.	42 NAME		
STREET ADDRESS	3108 VISTAMAR ST #7	43 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL	44 CITY ST ZIP	33304	
TITLE	CD	51 TITLE		☐ Change ☑ Addition
NAME	PLEDGER, THOMAS R	52 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE. #860	53 STREET ADDRESS		
CITY ST ZIP	W. PALM BCH. FL	54 CITY ST ZIP	33401	
TITLE	VP	61 TITLE		☐ Change ☑ Addition
NAME	BETLACH, DOUGLAS J	62 NAME		
STREET ADDRESS	450 AUSTRALIAN AVE S S860	63 STREET ADDRESS		
CITY ST ZIP	W PALM BCH FL	64 CITY ST ZIP	33401	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: By: Patricia B. Frazier Patricia B. Frazier 1/16/95 407 659-6301
Secretary
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0043478 CP