

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # 350469 (3)

1. Corporation Name

DYCOM INDUSTRIES, INC.

Principal Place of Business

450 AUSTRALIAN AVE., SOUTH STE. #860
WEST PALM BEACH FL 33401

Mailing Address

450 AUSTRALIAN AVE., SOUTH STE. #860
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
08/07/1969

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 4440 PCA BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS STREET

22 City & State

23 PALM BEACH GARDENS FL

24 Zip

33410-6542

Country

25 PALM BCH

27 City & State

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Country

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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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

4440 PCA BLVD #600
PALM BEACH GARDENS
FL 33410-6542

81 Name SAMIE
82 Street Address (P.O. Box Number is Not Acceptable)
83 4440 PCA BLVD #600
84 PALM BEACH GARDENS
85 City FL 33410-6542

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 the Corporation

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
DP	ROSEMAN, RONALD L	9723 TIFFANY OAKS LN #3	TAMPA FL	
D	YOUNKIN, RONALD P.	555 GREENLAWN AVE	COLUMBUS OH	
S	FRAZIER, PATRICIA B	450 AUSTRALIAN AVE #860	WEST PALM BEACH FL	
D	ADAMS, LOUIS W, JR.	3108 VISTAMAR ST #7	FORT LAUDERDALE FL	
CD	PLEDGER, THOMAS R	450 AUSTRALIAN AVE #860	W PALM BEACH FL	
VP	BETLACH, DOUGLAS J	450 AUSTRALIAN AVE S #860	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☒ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 19.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 407.627-7171

CR2E034 (12/95)