

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 809876 (6)

95 MAR 22 PM 4:18

1. Corporation Name  
**REA CONSTRUCTION COMPANY**

Principal Place of Business

Mailing Address

P.O. BOX 32487  
CHARLOTTE NC 28232  
US

PO BOX 32487  
CHARLOTTE NC 28232

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1954

02/15/1994

4. FEI Number

56-0493796

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME FERRELL, J M  
STREET ADDRESS 6135 PARK SOUTH, STE. 400  
CITY-ST-ZIP CHARLOTTE, NC 00000

1.1 TITLE  
1.2 NAME DANIEL L HAUGNER  Change  Addition  
1.3 STREET ADDRESS 3000 DAVENTRY LANE  
1.4 CITY-ST-ZIP RALEIGH, N.C 27612

TITLE VD  
NAME COPELAND, J.W.  
STREET ADDRESS 6135 PARK SOUTH, STE. 400  
CITY-ST-ZIP CHARLOTTE, NC 00000

2.1 TITLE  
2.2 NAME DENNIS B O'CONNOR  Change  Addition  
2.3 STREET ADDRESS 640 WHITEHURST LANDING RD  
2.4 CITY-ST-ZIP VA. BEACH, VA 23464

TITLE S  
NAME PRESSLAR, N. H.  
STREET ADDRESS 6135 PARK SOUTH, STE. 400  
CITY-ST-ZIP CHARLOTTE, NC 00000

3.1 TITLE  
3.2 NAME CHARLES R SNOW  Change  Addition  
3.3 STREET ADDRESS Box 3846  
3.4 CITY-ST-ZIP WEST COLUMBIA, S.C. 29171

TITLE PD  
NAME TATE, C. K.  
STREET ADDRESS 6135 PARK SOUTH, STE. 400  
CITY-ST-ZIP CHARLOTTE NC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(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: *Jim M. Ferrell, V.P.*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jim M Ferrell*

*3/10/95 (204) 553-6550*

DATE

TELEPHONE #