

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 809876 (6)

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**

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

3. Date Incorporated or Qualified **01/01/1954** 3a. Date of Last Report **03/22/1995**
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

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 registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAVENER, DANIEL L.	
STREET ADDRESS	3000 DAVENTRY LANE	
CITY - ST - ZIP	RALEIGH N.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'CONNOR, DENNIS B.	
STREET ADDRESS	640 WHITEHURST LANAING RD.	
CITY - ST - ZIP	VA. BEACH VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNOW, CHARLES R	
STREET ADDRESS	BOX 3846	
CITY - ST - ZIP	WEST COLUMBIA S.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATE, C. K.	
STREET ADDRESS	6135 PARK SOUTH, STE. 400	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	V/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	FERRELL, J.M.		
1.3 STREET ADDRESS	6135 PARK SO - SUITE 400		
1.4 CITY - ST - ZIP	CHARLOTTE, N.C. 28810		
2.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	PEESLAR, N.H.		
2.3 STREET ADDRESS	6135 PARK SO. - SUITE 400		
2.4 CITY - ST - ZIP	CHARLOTTE, N.C. 28810		
3.1 TITLE	V/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	COPELAND, J.W.		
3.3 STREET ADDRESS	6135 PARK SO - SUITE 400		
3.4 CITY - ST - ZIP	CHARLOTTE, N.C. 28810		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Jerry M. Ferrell* V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

704-553-6500

DATE Duplicate Phone #

CR2E034 (12/95)