

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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857459 (2)
 1. Corporation Name
CADDELL CONSTRUCTION CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2700 LAGOON PARK DRIVE PO BOX 210099 MONTGOMERY AL 36121	Mailing Address 2700 LAGOON PARK DRIVE PO BOX 210099 MONTGOMERY AL 36121
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3. Date Incorporated or Qualified 08/19/1983	4. FEI Number 63-0837971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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)	FL
83	
84 City	

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CADDELL, JOHN A.	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CADDELL, JOYCE K.	
STREET ADDRESS	2700 LAGOON PARK DR	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOK, W.P.	
STREET ADDRESS	2700 LAGOON PARK DR	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CADDELL, J K	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEWART, B.E.	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARROW, WARREN B	
STREET ADDRESS	2700 LAGOON PARK DRIVE	
CITY-ST-ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	M. Lamar Martin	
1.3 STREET ADDRESS	2700 Lagoon Park Dr.	
1.4 CITY-ST-ZIP	Montgomery, AL 36109	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *M. Lamar Martin* **RECEIVED** *1-22-98* **Lamar Martin** 334-272-7723

CFR2034 (10/97)