


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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90020 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 857459**

1. Corporation Name  
**CADDELL CONSTRUCTION CO., INC.**



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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>63-0837971</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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 type="checkbox"/> DELETE
NAME	MARTIN, M LAMAR	
STREET ADDRESS	2700 LAGOON PARK DR	
CITY-ST-ZIP	MONTGOMERY AL 36109	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD Caddell, Joyce K.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P Caddell, John Kirby
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, with all other like empowered.

SIGNATURE: M. Lamar Martin M. Lamar Martin 1-20-99 334-272-7723  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)