

**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

DOCUMENT # **F94000003572 (4)**

1. Corporation Name  
**LINCOLN BUILDERS, INC.**



Principal Place of Business: **PO BOX 400 RUSTON LA 71223-0400**  
Mailing Address: **PO BOX 400 RUSTON LA 71223-0400**

3. Date Incorporated or Qualified: **07/07/1994**  
3a. Date of Last Report: **02/13/1995**

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

4. FEI Number: **72-0562797**  
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**  
6. 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

**MARSHALL, STANLEY  
2ND FLOOR  
2010 DELTA BLVD  
TALLAHASSEE FL 32317-3894**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: GRAHAM, DANNY R STREET ADDRESS: RT 5 BOX 5470 CITY-ST-ZIP: RUSTON LA 71270	<input type="checkbox"/> DELETE	1.1 TITLE: VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: SCOTT THOMPSON 1.3 STREET ADDRESS: 679 SPILLERS ROAD 1.4 CITY-ST-ZIP: RUSTON, LA 71270
TITLE: TDS NAME: HUTCHINSON, LYNN W STREET ADDRESS: 225 STAN WALL ROAD CITY-ST-ZIP: WEST MONROE LA	<input type="checkbox"/> DELETE	2.1 TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: KENNETH HENRY 2.3 STREET ADDRESS: 315 WIRE ROAD 2.4 CITY-ST-ZIP: RUSTON, LA 71270
TITLE: C NAME: GRAHAM, RONALD H STREET ADDRESS: 1008 WALNUT CREEK ROAD CITY-ST-ZIP: SIMSBORO LA	<input type="checkbox"/> DELETE	3.1 TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: DANA BULLARD 3.3 STREET ADDRESS: P. O. BOX 530402 3.4 CITY-ST-ZIP: BIRMINGHAM, AL 35223
TITLE: V NAME: MIXON, NATHANEAL STREET ADDRESS: 750 ARKANSAS PLANT RD CITY-ST-ZIP: DUBACH LA	<input type="checkbox"/> DELETE	4.1 TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: DANNY R. GRAHAM 4.3 STREET ADDRESS: 862 SPRING CREEK ROAD 4.4 CITY-ST-ZIP: RUSTON, LA 71270
TITLE: D NAME: GRAHAM, RONALD H STREET ADDRESS: 1008 WALNUT CREEK ROAD CITY-ST-ZIP: SIMSBORO LA 71275	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: V NAME: MIXON, NATHANEAL STREET ADDRESS: 1980 HWY 546 CITY-ST-ZIP: WEST MONROE LA 71292	<input checked="" type="checkbox"/> DELETE	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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Lynn Hutchinson* 2/13/96 (318) 255-3822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISPATCH NUMBER

CR2E034 (12/95)