

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

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**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 71273-0400
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3. Date Incorporated or Qualified 07/07/1994	3a. Date of Last Report 02/16/1996
4. FEI Number 72-0562797	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, DANNY R	
STREET ADDRESS	882 SPRING CREEK ROAD	
CITY - ST - ZIP	RUSTON LA	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, LYNN W	
STREET ADDRESS	225 STAN WALL ROAD	
CITY - ST - ZIP	WEST MONROE LA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRAHAM, RONALD H	
STREET ADDRESS	1008 WALNUT CREEK ROAD	
CITY - ST - ZIP	SIMSBORO LA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MIXON, NATHANEAL	
STREET ADDRESS	750 ARKANSAS PLANT RD	
CITY - ST - ZIP	DUBACH LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, RONALD H	
STREET ADDRESS	1008 WALNUT CREEK ROAD	
CITY - ST - ZIP	SIMSBORO LA 71275	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, SCOTT	
STREET ADDRESS	679 SPILLER ROAD	
CITY - ST - ZIP	RSUTON LA	

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	DANA BULLARD	
1.3 STREET ADDRESS	819 CONROY ROAD	
1.4 CITY - ST - ZIP	BIRMINGHAM, AL 35333	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNETH HENRY	
2.3 STREET ADDRESS	319 WIRE ROAD	
2.4 CITY - ST - ZIP	RUSTON, LA 71270	
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 do 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: *Lynn W. Hutchinson* **LYNN W. HUTCHINSON** 5/9/97 318-255-3822

CR2E034 (9/96)