

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90045 040 \*\*\*150.00

0651594

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 # F94000003572**  
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/07/1994</b>	4. FEI Number <b>72-0562797</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip 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 <b>MARSHALL, STANLEY 2ND FLOOR 2010 DELTA BLVD TALLAHASSEE FL 32317-3894</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, DANNY R	1.2 NAME	KENNETH HENRY
STREET ADDRESS	862 SPRING CREEK ROAD	1.3 STREET ADDRESS	315 WIRE ROAD
CITY-ST-ZIP	RUSTON LA	1.4 CITY-ST-ZIP	RUSTON, LA 71270
TITLE	TDS <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, LYNN W	2.2 NAME	DANA BULLARD
STREET ADDRESS	225 STAN WALL ROAD	2.3 STREET ADDRESS	P. O. BOX 530402
CITY-ST-ZIP	WEST MONROE LA	2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35253
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, RONALD H	3.2 NAME	CLINT GRAHAM
STREET ADDRESS	1008 WALNUT CREEK ROAD	3.3 STREET ADDRESS	934 WALNUT CREEK ROAD
CITY-ST-ZIP	SIMSBORO LA	3.4 CITY-ST-ZIP	SIMSBORO, LA 71275
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, NATHANEAL	4.2 NAME	
STREET ADDRESS	750 ARKANSAS PLANT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBACH LA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, RONALD H	5.2 NAME	
STREET ADDRESS	1008 WALNUT CREEK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBORO LA 71275	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SCOTT	6.2 NAME	
STREET ADDRESS	679 SPILLER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RUSTON LA RUSTON, LA	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: *Scott Thompson* 3/18/99 (318) 255-3822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)