FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:28

DOCUMENT # L85912 (8)

1. Corporation Name
VAUGHAN CONSTRUCTION ENTERPRISES, INC.

Principal Place of Business
1112 VENICE AVE.
HAMMOND LA 70403

Mailing Address
1112 VENICE AVE.
HAMMOND LA 70403

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 159 BROOKSIDE DR
Suite, Apt. #, etc.
22 MANDEVILLE
City & State
23 LA
Zip 24 70471 Country 25 ST TAMMANY

2a. Mailing Address
26 159 BROOKSIDE DR
Suite, Apt. #, etc.
27 Mandeville
City & State
28 LA
Zip 29 70471 Country 30 ST TAMMANY

4. FEI Number: 65-0210618 — 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
VAUGHAN, MARY JOAN
2501 NW 6TH STREET APT 3
GAINESVILLE FL 32609

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	VAUGHAN, ROBERT G.	1.2 NAME	ROBERT G. VAUGHAN
STREET ADDRESS	1112 VENICE AVENUE	1.3 STREET ADDRESS	159 BROOKSIDE DRIVE
CITY-ST-ZIP	HAMMOND LA	1.4 CITY-ST-ZIP	MANDEVILLE LA 70471
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Mrs. RG Vaughan - secretary - 3-25-95 (504) 6245610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

045034 FN