

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P01169 (2)
1. Corporation Name
R.W. ALEXANDER CONTRACTORS, INC.



Principal Place of Business: ~~2222 CYPRESS ST~~
P. O. BOX 1592
VALDOSTA GA 31603-8592

Mailing Address: ~~2222 CYPRESS ST~~
P. O. BOX 1592
VALDOSTA GA 31603-1592

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 02/27/1996

4. FEI Number: 58-1329920
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

2. Principal Place of Business: 21 2300 Cypress St.
Suite, Apt. #, etc.

2a. Mailing Address: 26 P.O. Box 1592
Suite, Apt. #, etc.

22 City & State: 27
23 Zip: 24 Country: 25
28 City & State: 29 Zip: 30 Country: 31

9. Name and Address of Current Registered Agent
RAY, VERONICA
1860 GLEN LAKE BLVD N
ST PETERSBURG FL 33702

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 607.1505, 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: *Veronica Ray* (NOTE: Registered Agent's signature required when reinstating) DATE: 2/18/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, R. WAYNE	
STREET ADDRESS	2222 CYPRESS ST	
CITY, ST, ZIP	VALDOSTA GA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BARBARA S.	
STREET ADDRESS	2222 CYPRESS ST	
CITY, ST, ZIP	VALDOSTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2300 Cypress St.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2300 Cypress St.
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 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 included 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 checked, or on an attached form with an address.

SIGNATURE: *R. Wayne Alexander* DATE: 2-17-97 DAYTIME PHONE #: 912-244-9293

CR2E034 (9/96)