

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

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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90067 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02053
 1. Corporation Name
C. CONSTRUCTION CO., INC.

Principal Place of Business 3212 CHANDLER HIGHWAY TYLER TX 75702	Mailing Address 3212 CHANDLER HIGHWAY TYLER TX 75702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/16/1984	4. FEI Number 75-1776138	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
22	27	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City & State	City & State			
23	28			
Zip Country	Zip Country			
24	29			
25	30			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GORDON	
STREET ADDRESS	2615 S. CHILTON	
CITY-ST-ZIP	TYLER TX	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROSSMAN, BRYAN P	
STREET ADDRESS	3404 TEAKWOOD	
CITY-ST-ZIP	TYLER TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, ALGANEAL	
STREET ADDRESS	813 ELMRIDGE	
CITY-ST-ZIP	TYLER TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHELTON, KEVIN P.	
STREET ADDRESS	318 ULSTER	
CITY-ST-ZIP	TYLER TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FORD, JANE B.	
STREET ADDRESS	505 KICKAPOO DR	
CITY-ST-ZIP	CHANDLER TX 75758	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRISON, KENNETH R	
STREET ADDRESS	19647 OAK MEADOW CIRCLE	
CITY-ST-ZIP	TYLER TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Campbell, Gordon	
1.3 STREET ADDRESS	2615 S Chilton	
1.4 CITY-ST-ZIP	Tyler, Tx 75701	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rossman, Bryan P.	
2.3 STREET ADDRESS	3404 Teakwood	
2.4 CITY-ST-ZIP	Tyler, Tx 75701	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William C Malone	
3.3 STREET ADDRESS	PO Box 941	
3.4 CITY-ST-ZIP	Winona, Tx 75792	
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 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: William C Malone William C Malone, Treasurer 1-11-98 903/597-1520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)