

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21314

1. Entity Name

LANGFORD CONSTRUCTION COMPANY INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90004 008 ***150.00

Principal Place of Business

Mailing Address

314 GREENVILLE STREET
LAGRANGE GA 30240

P.O. BOX 1287
LAGRANGE GA 30241-0026
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1237698

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFOD	<input type="checkbox"/> Delete
NAME	LANGFORD, STEVEN E.	
STREET ADDRESS	726 CHEROKEE	
CITY-ST-ZIP	LAGRANGE GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGFORD, A. PHILIP	
STREET ADDRESS	125 ASHLING DRIVE	
CITY-ST-ZIP	LAGRANGE GA	
TITLE	CS	<input type="checkbox"/> Delete
NAME	TURNER, JANET	
STREET ADDRESS	105 FORD DR	
CITY-ST-ZIP	LAGRANGE GA 30240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Turner **LANGFORD CONSTRUCTION COMPANY INCORPORATED Corp. Sec.** 1/31/00 706-884-1776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)