FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P24481** **(4)**

1. Corporation Name

U.S. GENERAL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
11245 OLD ROSWELL ROAD ALPHARETTA GA 30201	11245 OLD ROSWELL ROAD ALPHARETTA GA 30201

3. Date Incorporated or Qualified: **05/24/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **58-1032448** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — **$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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	1st VP	☐ Change ☒ Addition
NAME	PEDEN, RICHARD H.		1.2 NAME	Richard H. Peden, Jr.	
STREET ADDRESS	4645 CANDACRAIG		1.3 STREET ADDRESS	4655 St. Kevin Ct.	
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP	Suwanee, GA 30174	
TITLE	VD	☐ DELETE	2.1 TITLE	2nd VP	☒ Change ☐ Addition
NAME	PEDEN, JO K.		2.2 NAME	Jo K. Peden	
STREET ADDRESS	4645 CANDACRAIG		2.3 STREET ADDRESS	4645 Candacraig	
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP	Alpharetta, GA	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, JEAN		3.2 NAME		
STREET ADDRESS	8468 MAJORS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CUMMING GA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, RICHARD P.		4.2 NAME		
STREET ADDRESS	1175 CANTON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RODGERS, JOSEPH O.		5.2 NAME		
STREET ADDRESS	5380 PEACHTREE IND. BL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Richard H. Peden — 3-29-96 — 770 442-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #