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

0011

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90068 028 ***150.00

DOCUMENT # **P24481**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/24/1989

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEDEN, RICHARD H.		1.2 NAME		
STREET ADDRESS	4645 CANDACRAIG		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	2nd V	☐ Change ☐ Addition
NAME	PEDEN, JO K		2.2 NAME		
STREET ADDRESS	4645 CANDACRAIG		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP		
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	V	☐ DELETE	6.1 TITLE	1st VP, D	☒ Change ☐ Addition
NAME	PEDEN, RICHARD H JR		6.2 NAME	Peden, Richard H. Jr	
STREET ADDRESS	4655 ST KEVIN CT		6.3 STREET ADDRESS	4655 St. Kevin Ct	
CITY-ST-ZIP	SUWANEE GA		6.4 CITY-ST-ZIP	Suwanee, GA	

CR2E034 (11/98)

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: Richard H. Peden SIGNATURE REQUIRED 3-16-99 770442-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard H. Peden Pres