

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 MAR 22 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29396** (9)

1. Corporation Name
BALFOUR BEATTY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 1670 MIAMI FL 33131	ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD., SUITE 1670 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/17/1990** 3a. Date of Last Report **04/21/1994**

4. FEI Number **65-0183589** 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 2a. Mailing Address

21. **999 Peachtree Street, N.E.** 26. **999 Peachtree Street, N.E.**

22. **200** 27. **200**

23. **Atlanta, GA** 28. **Atlanta, GA**

24. **30309** 25. **USA** 29. **30309** 30. **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CURL, RICHARD L
STREET ADDRESS	1168 WHISPERING OAKS
CITY - ST - ZIP	DECATO TX
TITLE	VO
NAME	JONES, KEITH
STREET ADDRESS	638 VERONA PLACE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	CALVERT, ANDREW R J
STREET ADDRESS	3865 COCO GROVE AVE
CITY - ST - ZIP	MIAMI FL
TITLE	VO
NAME	FOSTER, SIMON R
STREET ADDRESS	2881 ALPINE RD
CITY - ST - ZIP	ATLANTA GA
TITLE	S
NAME	NIKONOVICH-KAHN, RICHARD
STREET ADDRESS	1922 COLLAND DR NW
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	MASON, PETER
STREET ADDRESS	ONE ANGEL SQUARE, TORRENS ST
CITY - ST - ZIP	LONDON EN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Curl, Richard L.
1.3 STREET ADDRESS	4235 Fairways Villa Drive
1.4 CITY - ST - ZIP	Alpharetta, GA 30202
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lackey, James F. Jr.
2.3 STREET ADDRESS	999 Peachtree Street, N.E.
2.4 CITY - ST - ZIP	Atlanta, GA 30309
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Calvert, Andrew R. J.
3.3 STREET ADDRESS	1851 Lakehurst Court, S.E.
3.4 CITY - ST - ZIP	Smyrna, GA 30080
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cichanski, James B.
5.3 STREET ADDRESS	805 Moss Creek Plantation
5.4 CITY - ST - ZIP	Duluth, GA 30316
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 to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with the address.

SIGNATURE: _____ DATE: 3/6/95
James B. Cichanski (404) 875-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR