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

| | | | - CON CIVATIONS | | |
|-----------------------|---|---|---------------------------------------|---|--|
| 1. Corporati | | (-) | | | |
| MMF | R-RADON CONSTRUCTORS, I | NC. | | | |
| 1 | | | | i î â î î î â â î î î î â â î î î â â â î î â â â î î â â â î î â â â î î â â â î î â â â î î â â â î î â â â î | I Jiri Diri Biri Radir debit didil didil biri biri teri |
| Principal Plac | ce of Business | Mailing Address | | | |
| 15961 AIRLINE HIGHWAY | | P.O. BOX 84210 | | | |
| BATON R | OUGE LA 70817 | BATON ROUGE LA | 0884-4210 | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Princinal F | Place of Business | 100 | | 12/06/1991 | 06/13/1995 |
| 21 | Race of Dusiness | 2a. Mailing Address 26 | | 4. FEI Number | Applied For |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | 72-1046000 | Not Applicable |
| 22 27 Crity & State | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | te | City & State | | 6. Election Campaign Financing | \$5.00 |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for in Florida Statutes Yes | ntangible tax under s. 199.032, |
| | 9. Name and Address of Current i | Registered Agent | | 10. Name and Address of New Re | |
| 1420 1 4 4 | 116 15055 | | 81 Name | | Brown ou Agent |
| WILLIA C/O W | MS, JESSE P. | | 82 Street Add | dress (P.O. Box Number is Not Acceptable |) (e |
| 255 St | VILLIAMS, MCGUIRE & BRAGG D. ORANGE AVE., SUITE 1301 | | <u> </u> | | <i>4</i> 1 |
| ORLAN | NDO FL 32801 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 ar | nd 607.1508, Florida Statute | es, the above-named corpo | oration submits this statement for the purp and of directors. I benefity accept the appoin | FL 55 Exp social |
| familiar wi | ith, and accept the obligations of, Section | Such change was authorize 607.0505, Florida Statutes | ed by the corporation's boa | oration submits this statement for the purp ard of directors. I hereby accept the appoi | ose of changing its registered office and interest as registered agent. I am |
| SIGNATURE | | | | | i |
| 12. | Signature, typed or printed name of registered agent and OFFICERS AND D | tite f applicable. (NO | E: Registered Agent signature require | | DATE |
| TITLE | DP OFFICERS AND L | DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | |
| NAME | RUTLAND, JAMES B. | [] beerie | 1. 1 TIFLE 1.2 NAME | | Change Addition |
| STREET ADDRESS | 19513 N. MUIRFIELD CIR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BATON ROUGE LA | | 1.4 CITY-ST-ZIP | | |
| TITLE | DVP | DELETE | 2 1 THILE | | Change Addition |
| NAME | SUMMERS, RICK A. | | 2 2 NAME | | Change Nontroll |
| STREET ADDRESS | 9244 ROSE PLACE | | 2.3 STREET ADDRESS | | |
| City-St-7iP | BATON ROUGE LA 70809 DVP | F3 00 674 | 24 CITY-ST-ZIP | | |
| NAME | BOUDREAUX, ALLEN R. | ☐ DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | 17920 SHOAL CREEK | | 3.2 NAME | | |
| CITY-ST-ZIP | BATON ROUGE LA | | 3.3. STREET ADDRESS | | |
| TITLE | ST | DELETE | 34 CITY-ST-ZIP | | |
| NAME | COURVILLE, JENNIFER | | 4.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 6212 STUMBURG LANE #507 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BATON ROUGE LA 70816 | | 4.4 CITY-ST-ZIP | | 1 |
| TITLE NAME | | ☐ DELETE | | . V.P. | ☐ Change ► Addition |
| STREET ADDRESS | | | 5.2 NAME GIQ | ry A. Williams 961 Airline Hwy | |
| OITY-ST-ZIP | | | | 1 5 4 . | |
| TITLE | | DELETE | | kn Rouge, LA 70817 | |
| NAME | | DELETE | | ec V. P. | Change 🔀 Addition |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 15 | ne Clouatre Abl Airline Havy | |
| CITY-ST-ZIP | | | | tes Rover 11 mai | 2 |

Ido 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 appears in Block 12 or Block 13 if changed, or on an attactument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 504-756.5090
Date Destructions