

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003144

Entity Name: FORCUM LANNOM CONTRACTORS, LLC**Current Principal Place of Business:**350 US HWY 51 BYP S
DYERSBURG, TN 38024**Current Mailing Address:**PO BOX 768
DYERSBURG, TN 38025-0768**FEI Number:** 20-0182385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MEMBER
Name PENNINGTON FAMILY, LLC
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name DAVID R TAYLOR 2010 TRUST
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name WARREN, ROBERT C
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name GLASS, JAMES B
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name FORCUM LANNOM, INC.
Address 422 MCGAUGHEY STREET
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name LOWRANCE, RAY H
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name LAYMAN, RONALD T
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024Title MEMBER
Name SANDERS, MICHAEL D
Address 350 US HWY 51 BYP S
City-State-Zip: DYERSBURG TN 38024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY KAY HICKS**COST CONTROLLER****01/29/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date