2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2013
Secretary of State
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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 38024

Title	MEMBER
Name	WARREN, ROBERT C
Address	350 US HWY 51 BYP S
City-State-Zip:	DYERSBURG TN 38024

Title	MEMBER
Name	FORCUM LANNOM, INC.
Address	422 MCGAUGHEY STREET
City-State-Zip:	DYERSBURG TN 38024

Title	MEMBER
Name	LAYMAN, RONALD T
Address	350 US HWY 51 BYP S
City-State-Zip:	DYERSBURG TN 38024

Title	MEMBER
Name	DAVID R TAYLOR 2010 TRUST
Address	350 US HWY 51 BYP S
City-State-Zip:	DYERSBURG TN 38024

Title	MEMBER
Name	GLASS, JAMES B
Address	350 US HWY 51 BYP S
City-State-Zip:	DYERSBURG TN 38024

Title	MEMBER
Name	LOWRANCE, RAY H
Address	350 US HWY 51 BYP S
City-State-Zip:	DYERSBURG TN 38024

Title	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C WARREN MEMBER 04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date