

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:24

DOCUMENT # **182219** (6)

1. Corporation Name
HADLEY CONTRACTING CO., INC.

Principal Place of Business	Mailing Address
1215 MAIN STREET PO BOX 476 HUMBOLDT TN 38343	1215 MAIN STREET PO BOX 476 HUMBOLDT TN 38343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1954	3a. Date of Last Report 08/05/1994
4. FEI Number 62-0628002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**GILKEY, WILLIAM W
LINCOLN & PARK
CLEARWATER FL 33516**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature of Present Registered Agent (Required Agent Signature Required When Resigning)

DATE (Required Agent Signature Required When Resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HADLEY, THOMAS E
STREET ADDRESS	2475 LELATTA LN.
CITY- ST- ZIP	HUMBOLDT TN
TITLE	D
NAME	HADLEY JR, J A
STREET ADDRESS	JACKSON HIGHWAY
CITY- ST- ZIP	HUMBOLDT TN
TITLE	D
NAME	HADLEY, THOMAS E.
STREET ADDRESS	2475 LELATTA LN.
CITY- ST- ZIP	HUMBOLDT TN
TITLE	VS
NAME	HADLEY JR., J.A.
STREET ADDRESS	JACKSON HIGHWAY
CITY- ST- ZIP	HUMBOLDT TN
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 3 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Thomas E. Hadley Jr.*