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

DOCUMENT # **812374** **(7)**

1. Corporation Name

FLINT CONSTRUCTION COMPANY

Principal Place of Business

272 HURRICANE SHOALS RD
P.O. BOX 723
LAWRENCEVILLE GA 30245
US

Mailing Address

272 HURRICANE SHOALS RD
P.O. BOX 723
LAWRENCEVILLE GA 30246

3. Date Incorporated or Qualified: **11/27/1957**

3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: **58-0691440** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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: (Signature of New Registered Agent, if changing) (Signature of Previous Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PT GOOD, ROBERT J. 1601 OLD FOUNTAIN RD LAWRENCEVILLE, GA 0	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VS TERRY FULLER 3093 BROOKSHIRE WAY DULUTH GA	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	AS O'HERRON, DANIEL J 4962 CROSS COURT LILBURN GA	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do 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)(i), 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 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: **1/24/96** — Daytime Phone #: **(770) 963-0185**

CR2E034 (12/95)