

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

PROFIT
CORPORATION
ANNUAL REPORT

1996/2000



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

DOCUMENT # 819601 (6)

1. Corporation Name

DILLARD SMITH CONSTRUCTION COMPANY

Principal Place of Business

4001 INDUSTRY DR
CHATTANOOGA TENN 37416

Mailing Address

4001 INDUSTRY DR
CHATTANOOGA TENN 37416



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/31/1966

3a. Date of Last Report

03/21/1995

4. FEI Number

62-0629824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1506, 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 person or persons authorized to sign this statement

Printed Name of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
S CALHOUN, GAIL T.
STREET ADDRESS
4001 INDUSTRY DR.
CITY, ST, ZIP
CHATTANOOGA TN

2. TITLE ☐ DELETE

NAME
VP
HICKS, HAROLD W., JR.
STREET ADDRESS
US HWY 11 E
CITY, ST, ZIP
NEW MARKET TN

3. TITLE ☐ DELETE

NAME
P
SMITH, TURNER
STREET ADDRESS
4001 INDUSTRY DRIVE
CITY, ST, ZIP
CHATTANOOGA TN

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE Vice-President ☐ Change ☒ Addition

12. NAME Sam Bowen
13. STREET ADDRESS 4001 Industry Dr.
14. CITY, ST, ZIP Chattanooga, TN. ADD

2. 1. TITLE Vice-President ☐ Change ☒ Addition

22. NAME James E. Bowen
23. STREET ADDRESS County Rd., 33 South
24. CITY, ST, ZIP Okahumpka, FL. ADD

3. 1. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

4. 1. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

5. 1. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

6. 1. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

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)(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 oath, that I am an officer or director of the corporation or the receiver, trustee, or liquidator named 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 an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

(423)

894-4336

CR2E034 (12/95)