

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 831995 (6)**

1. Corporation Name  
**ROLAND PUGH CONSTRUCTION, INC.**



Principal Place of Business Mailing Address  
**4400 HWY 69 NORTH NORTHPORT AL 35476-2023**

3. Date Incorporated or Qualified **03/18/1974** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>63-0500152</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY/TREASURE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUGH, ANTHONY</b>	1.2 NAME	<b>4400 HIGHWAY 69 NORTH</b>
STREET ADDRESS	<b>4400 CRABBE ROAD</b>	1.3 STREET ADDRESS	<b>NORTHPORT, AL. 35476</b>
CITY-STATE-ZIP	<b>NORTHPORT AL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>CHAIRMAN OF THE BOARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUGH, ROLAND</b>	2.2 NAME	<b>ROLAND PUGH</b>
STREET ADDRESS	<b>4400 CRABBE ROAD</b>	2.3 STREET ADDRESS	<b>4400 HIGHWAY 69 NORTH</b>
CITY-STATE-ZIP	<b>NORTHPORT AL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YESSICK, EDDIE</b>	3.2 NAME	<b>JOSEPH EDDIE YESSICK III</b>
STREET ADDRESS	<b>4400 CRABBE ROAD</b>	3.3 STREET ADDRESS	<b>4400 HIGHWAY 69 NORTH</b>
CITY-STATE-ZIP	<b>NORTHPORT AL</b>	3.4 CITY-STATE-ZIP	<b>NORTHPORT, AL. 35476</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>GRADY PUGH</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4400 HIGHWAY 69 NORTH</b>
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	<b>NORTHPORT, AL. 35476</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>CONTROLLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DAVID ROBERT WRIGHT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4400 HIGHWAY 69 NORTH</b>
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	<b>NORTHPORT, AL. 35476</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>FRED YOUNG</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4400 HIGHWAY 69 NORTH</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>NORTHPORT, AL. 35476</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee provided in s. 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 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 an address.

SIGNATURE: David Wright, Controller 2-23-96 (205) 389-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)