

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

4400 HWY 69 NORTH
NORTHPORT AL 35476-2023

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

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TS ☐ DELETE

NAME PUGH, ANTHONY
STREET ADDRESS 4400 CRABBE ROAD
CITY-STATE-ZIP NORTHPORT AL

TITLE DP ☐ DELETE

NAME PUGH, ROLAND
STREET ADDRESS 4400 CRABBE ROAD
CITY-STATE-ZIP NORTHPORT AL

TITLE VD ☐ DELETE

NAME YESSICK, EDDIE
STREET ADDRESS 4400 CRABBE ROAD
CITY-STATE-ZIP NORTHPORT AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SECRETARY/TREASURE
1.3 STREET ADDRESS 4400 HIGHWAY 69 NORTH
1.4 CITY-STATE-ZIP NORTHPORT, AL. 35476

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CHAIRMAN OF THE BOARD
2.3 STREET ADDRESS ROLAND PUGH
2.4 CITY-STATE-ZIP 4400 HIGHWAY 69 NORTH

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME PRESIDENT
3.3 STREET ADDRESS JOSEPH EDDIE YESSICK III
3.4 CITY-STATE-ZIP 4400 HIGHWAY 69 NORTH
NORTHPORT, AL. 35476

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VICE-PRESIDENT
4.3 STREET ADDRESS GRADY PUGH
4.4 CITY-STATE-ZIP 4400 HIGHWAY 69 NORTH
NORTHPORT, AL. 35476

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME CONTROLLER
5.3 STREET ADDRESS DAVID ROBERT WRIGHT
5.4 CITY-STATE-ZIP 4400 HIGHWAY 69 NORTH
NORTHPORT, AL. 35476

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VICE-PRESIDENT
6.3 STREET ADDRESS FRED YOUNG
6.4 CITY-STATE-ZIP 4400 HIGHWAY 69 NORTH
NORTHPORT, AL. 35476

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee of \$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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 (205) 339-4321
Date Daytime Phone #

CP2E034 (12/95)