

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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: **03/05/1996**  
4. FEI Number: **63-0500152**  
Applied For:  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

2. Principal Place of Business: **[Diagonal Line]**  
2a. Mailing Address: **[Diagonal Line]**  
21. Suite, Apt. #, etc.: **[Diagonal Line]**  
22. City & State: **[Diagonal Line]**  
23. Zip: **[Diagonal Line]** Country: **[Diagonal Line]**  
24. **[Diagonal Line]** 25. **[Diagonal Line]** 29. **[Diagonal Line]** 30. **[Diagonal Line]**

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: **[Diagonal Line]**  
82. Street Address (P.O. Box Number is Not Acceptable): **[Diagonal Line]**  
83. **[Diagonal Line]**  
84. City: **[Diagonal Line]** FL 85. Zip Code: **[Diagonal Line]**

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 signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
ST	PUGH, ANTHONY	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>
C	PUGH, ROLAND	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>
P	YESSICK, JOSEPH EDDIE I	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>
V	PUGH, GRADY	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>
C	WRIGHT, DAVID R.	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>
V	YOUNG, FRED	4400 HWY 69 NORTH	NORTHPORT AL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	1.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	1.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	1.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	2.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	2.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	2.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	3.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	3.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	3.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	4.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	4.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	4.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	5.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	5.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	5.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	6.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	6.3 STREET ADDRESS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	6.4 CITY - ST - ZIP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 an address.

SIGNATURE: *Sandra Mortham* 1/7/97 (205) 339-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)