

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

FILED

Feb 12 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 # 836270 (9)
1. Corporation Name
F & W CONSTRUCTION COMPANY, INC. OF ALABAMA

Principal Place of Business
COUNTY RD 18 & SCL RAILROAD
P. O. BOX 1549
OZARK AL 36361

Mailing Address
COUNTY RD 18 & SCL RAILROAD
P. O. BOX 1549
OZARK AL 36361-1549



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1976		3a. Date of Last Report 04/18/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 63-0702929		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HUTTO, BILL R. 311 MAGNOLIA AVENUE PANAMA CITY FL 32401				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELLS, II NIGEL E.			1.2 NAME			
STREET ADDRESS	ROUTE 6, BOX 259			1.3 STREET ADDRESS			
CITY - ST - ZIP	OZARK AL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINK, EUGENE C.			2.2 NAME			
STREET ADDRESS	LAKE VIEW ROAD			2.3 STREET ADDRESS			
CITY - ST - ZIP	OZARK AL			2.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERNER, GEORGE M.			3.2 NAME			
STREET ADDRESS	107 MERRY DELL			3.3 STREET ADDRESS			
CITY - ST - ZIP	OZARK AL			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERNER, GEORGE M.			4.2 NAME			
STREET ADDRESS	107 MERRY DELL			4.3 STREET ADDRESS			
CITY - ST - ZIP	OZARK AL			4.4 CITY - ST - ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMLIN, HOWARD L.			5.2 NAME			
STREET ADDRESS	ROUTE 2, BOX 312			5.3 STREET ADDRESS			
CITY - ST - ZIP	OZARK AL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 or changed, or on an attachment with an address.

SIGNATURE: Nigel E. Wells REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/7/97 Daytime Phone #: 334-771-2678

CR2E034 (9/96)