

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # 836270**1. Entity 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 363612. Principal Place of Business
COUNTY RD 18 @ CSX RAILROAD3. Mailing Address
P. O. BOX 1549Suite, Apt. #, etc.
P. O. BOX 1549

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OZARK ALCity & State
OZARK AL4. FEI Number
63-0702929Applied For
Not ApplicableZip Country
36361 USZip Country
36361 US5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HUTTO, BILL R.**
311 MAGNOLIA AVENUEPANAMA CITY FL
32401 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ST ☐ Delete
NAME TOMLIN, HOWARD L.
STREET ADDRESS RT 2 BOX 730
CITY-ST-ZIP OZARK AL 36360TITLE ST ☒ Change ☐ Addition
NAME TOMLIN HOWARD L.
STREET ADDRESS RT 2 BOX 730
CITY-ST-ZIP OZARK AL 36360TITLE DV ☐ Delete
NAME WERNER, GEORGE M.
STREET ADDRESS RT 3 BOX 454
CITY-ST-ZIP ABBEVILLE AL 36310TITLE VP ☒ Change ☐ Addition
NAME WERNER GEORGE M.
STREET ADDRESS RT 3 BOX 454
CITY-ST-ZIP ABBEVILLE AL 36310TITLE PD ☐ Delete
NAME WELLS, II NIGEL E.
STREET ADDRESS ROUTE 6, BOX 259
CITY-ST-ZIP OZARK ALTITLE PRES ☒ Change ☐ Addition
NAME WELLS NIGEL EII
STREET ADDRESS ROUTE 6, BOX 259
CITY-ST-ZIP OZARK AL 36360TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NIGEL E. WELLS, II****PRES 04/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)