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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 15 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837924 (0)

1. Corporate Name
HOSEA O. WEAVER AND SONS, INC.

Principal Place of Business
7450 HOWELLS FERRY RD.
P.O. BOX 8039
MOBILE AL 36618-3407

Mailing Address
7450 HOWELLS FERRY RD.
P.O. BOX 8039
MOBILE AL 36618-3407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1977
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22
Suite Apt. # — 27
City, State — 23
City, State — 28
24 25 29 30

4. FEI Number: 63-0567634 — 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 is listed, or is eligible to be listed, on the Florida Stock Exchange — Yes / No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. For profit corporations, pursuant to Section 607.0505, Florida Statutes, and for all other corporations required to file annual reports, pursuant to the applicable laws, rules, or regulations governing such corporations, I hereby 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 12 or Block 13 below if I am an officer or director.

SIGNATURE

12.

| | |
|---|---|
| TYPE | V |
| NAME | MATHEWS, HENRY BEN |
| ADDRESS | 7450 HOWELLS FERRY RD |
| CITY, ST, ZIP | ~~MOBILE, AL 00000~~ |
| TYPE | PD |
| NAME | WEAVER, PAUL E |
| ADDRESS | 7450 HOWELLS FERRY RD |
| CITY, ST, ZIP | ~~MOBILE, AL 00000~~ |
| TYPE | DST |
| NAME | WEAVER, CALVIN |
| ADDRESS | 7450 HOWELLS FERRY RD |
| CITY, ST, ZIP | ~~MOBILE, AL 00000~~ |
| TYPE | V |
| NAME | IRVINE, CLARKE U JR |
| ADDRESS | 7450 HOWELLS FERRY ROAD |
| CITY, ST, ZIP | MOBILE AL 36618 |
| TYPE | ~~V~~ |
| NAME | ~~COOPER, STEPHEN M~~ |
| ADDRESS | ~~7450 HOWELLS FERRY ROAD~~ |
| CITY, ST, ZIP | ~~MOBILE AL 36618~~ |
| TYPE | |
| NAME | |
| ADDRESS | |
| CITY, ST, ZIP | |

13.

| | | |
|---|---|---|
| TYPE | | X |
| NAME | | |
| ADDRESS | Mobile, AL 36618 | X |
| CITY, ST, ZIP | | |
| TYPE | Mobile, AL 36618 | X |
| NAME | | |
| ADDRESS | | |
| CITY, ST, ZIP | Mobile, AL 36618 | |
| TYPE | | |
| NAME | | |
| ADDRESS | | X |
| CITY, ST, ZIP | | |
| TYPE | | |
| NAME | | |
| ADDRESS | | |
| CITY, ST, ZIP | | |

14. I hereby 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 12 or Block 13 below if I am an officer or director.

SIGNATURE: May 15, 1995 (334)342-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Calvin D. Weaver

0471721 FP