

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840298** (4)

1. Corporation Name
CHAMPION CONTRACTING CO.



Principal Place of Business: P O BOX 489 KINGS MOUNTAIN NORTH CAROLIN 28086
Mailing Address: P O BOX 489 KINGS MOUNTAIN NORTH CAROLIN 28086

3. Date Incorporated or Qualified: **03/24/1978**
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **56-1012546**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALVET, CARLOS M JR
14211 SW 97TH AVE
MIAMI FL**

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMPION, CHRIS L.	
STREET ADDRESS	123 WOODING PL	
CITY - ST - ZIP	KINGS MOUNTAIN N.	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMPION, PATRICIA L.	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT, N C O	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAMPION, CARL W	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT, N C	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHANEY, SUNNI M	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRISON, SAMUEL M	
STREET ADDRESS	124 WOODING PLACE	
CITY - ST - ZIP	KINGS MOUNTAIN NC 28086	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	MIKE ANDREWS
2.4 CITY - ST - ZIP	124 WOODING PLACE KINGS MTN., N.C. 28086
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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: *Sunni Chaney Corp Sec.* 3-6-96 (704) 739-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation

CR2E034 (12/95)