

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:01

DOCUMENT # **841333 (8)**  
1. Corporation Name  
**MCLAIN & BROWN CONSTRUCTION COMPANY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**300 ST AUGUSTINE ROAD  
P.O. BOX 2405  
VALDOSTA GA 31601**      **300 ST AUGUSTINE ROAD  
P.O. BOX 2405  
VALDOSTA GA 31601**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/23/1978**      **01/25/1994**

2. Principal Place of Business      2a. Mailing Address  
21 State, Apt. #, etc.      26 State, Apt. #, etc.

4. FEI Number      Applied For  
**58-1307134**      Not Applicable

22 City & State      27 City & State

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

23 Zip      Country      28 Zip      Country

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees  
     

24      25      29      30

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      B5 Zip Code  
**FL**

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 607.0305, Florida Statutes.

SIGNATURE      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **ST**  
NAME: **FERRELL, MELAINE**  
STREET ADDRESS: **30 ROLLING HILLS COURT**  
CITY-ST-ZIP: **VALDOSTA GA 31602**

11 TITLE:  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE: **PD**  
NAME: **BROWN, DAVID**  
STREET ADDRESS: **907 COUNTRY CLUB DR**  
CITY-ST-ZIP: **VALDOSTA, GA 00000**

21 TITLE:  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

31 TITLE:  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

41 TITLE:  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

51 TITLE:  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY-ST-ZIP:

61 TITLE:  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 owner or trustee responsible 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 in an attachment with an addition.

SIGNATURE: *Melanie Ferrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**Melanie Ferrell**

2/14/95      912-214-6644  
100      Registered Agent