

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathan, Secretary of State

1996 2-7-96

B-0819 CORPORATIONS MC

DOCUMENT # **841333 (8)**

1. Corporation Name

**MCLAIN & BROWN CONSTRUCTION COMPANY, INC.**



Principal Place of Business

300 ST AUGUSTINE ROAD  
P.O. BOX 2405  
VALDOSTA GA 31601

Mailing Address

300 ST AUGUSTINE ROAD  
P.O. BOX 2405  
VALDOSTA GA 31601

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

08/23/1978

3a. Date of Last Report

02/22/1995

4. FLE Number

58-1307134

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. 190.032, 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

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

FL

11. Pursuant to the provisions of Sections 607.01(2)(c) 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. Thereby, I accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.01(2)(c), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11A	NAME	ST FERRELL, MELAINE	<input type="checkbox"/> DELETE
11B	STREET ADDRESS	30 ROLLING HILLS COURT	
11C	CITY-STATE-ZIP	VALDOSTA GA 31602	
11D	NAME	PD BROWN, DAVID	<input type="checkbox"/> DELETE
11E	STREET ADDRESS	907 COUNTRY CLUB DR	
11F	CITY-STATE-ZIP	VALDOSTA, GA 00000	
11G	NAME		<input type="checkbox"/> DELETE
11H	STREET ADDRESS		
11I	CITY-STATE-ZIP		
11J	NAME		<input type="checkbox"/> DELETE
11K	STREET ADDRESS		
11L	CITY-STATE-ZIP		
11M	NAME		<input type="checkbox"/> DELETE
11N	STREET ADDRESS		
11O	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13A	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13B	NAME	Ferrell, Melaine
13C	STREET ADDRESS	300 St. Augustine Road
13D	CITY-STATE-ZIP	Valdosta, GA 31601
13E	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13F	NAME	
13G	STREET ADDRESS	3521 Country Club Drive
13H	CITY-STATE-ZIP	Valdosta, GA 31602
13I	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13J	NAME	
13K	STREET ADDRESS	
13L	CITY-STATE-ZIP	
13M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13N	NAME	
13O	STREET ADDRESS	
13P	CITY-STATE-ZIP	
13Q	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13R	NAME	
13S	STREET ADDRESS	
13T	CITY-STATE-ZIP	

14. I 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: *Melanie Ferrell* Melanie Ferrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

912-244-0644

CR2E034 (12/95)