

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 847330 (8)

1. Corporation Name

PATTEN CONSTRUCTION COMPANY, INC.



Principal Place of Business

1901 TWENTY-FIRST AVENUE SOUTH
P.O. BOX 121317
NASHVILLE TN 37212

Mailing Address

1901 TWENTY-FIRST AVENUE SOUTH
P.O. BOX 121317
NASHVILLE TN 37212

3. Date Incorporated or Qualified
10/27/1980

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ROAD
PLANTATION FL 33324

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 607.1503, 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 date of signature

Signature, typed or printed name of new registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PATTEN, R. THOMAS	
STREET ADDRESS	1142 BROOKWOOD LANE	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATTEN, PATSY S.	
STREET ADDRESS	1142 BROOKWOOD LANE	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWSER, HUGH C., JR.	
STREET ADDRESS	2875 SUGAR TREE RD.	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WIECK, LARRY T.	
STREET ADDRESS	411 SUNNYSIDE DRIVE	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOODWIN, JANICE Q	
STREET ADDRESS	206 TIMBERLANE DRIVE	
CITY-STATE-ZIP	FRANKLIN TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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:

Janice Q. Goodwin Janice Q. Goodwin, Treasurer 5/1/96 615-329-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed or Printed Name

CR2E034 (12/95)