

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90120 012 ***150.00

DOCUMENT # 847917

1. Corporation Name
BE&K CONSTRUCTION COMPANY

Principal Place of Business
**2000 INTERNATIONAL PARK DR.
P.O. BOX 2332 TAX DEPT.
BIRMINGHAM AL 35243
US**

Mailing Address
**P. O. BOX 2332
C/O TAX DEPT.
BIRMINGHAM AL 35201
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1981

4. FEI Number

63-0797613

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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	CEO	<input type="checkbox"/> DELETE
NAME	GOODRICH, T. M.	
STREET ADDRESS	3320 DELL RD.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CROSS, W. D.	
STREET ADDRESS	1640 MOSS ROCK RD.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, CLYDE M.	
STREET ADDRESS	1589 FAIRWAY VIEW DR.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GARRICK, FREDERICK E.	
STREET ADDRESS	2320 FOX GLEN CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KENNEDY, T. C.	
STREET ADDRESS	4472 CLAIRMONT AVE.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCARTY, JOSEPH S., JR.	
STREET ADDRESS	704 LEXINGTON RD.	
CITY-ST-ZIP	BIRMINGHAM AL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2057 BANERBY DR.
2.4 CITY-ST-ZIP	BIRMINGHAM AL 35244
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1218 TWELVE OAKS DRIVE
3.4 CITY-ST-ZIP	BIRMINGHAM AL 35244
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1812 ARBOR LANE
4.4 CITY-ST-ZIP	BIRMINGHAM AL 35216
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	721 PARK RIDGE CIRCLE
6.4 CITY-ST-ZIP	BIRMINGHAM AL 35242

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE: **JOSEPH S. MCCARTY, JR.** TREASURER

4-26-99

205-972-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)