

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849280

1. Entity Name

MALONE CONSTRUCTION COMPANY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90242 036 ***150.00

Principal Place of Business

700 ANTONE ST. N.W.
P. O. BOX 19815 STATION N
ATLANTA GA 30325

Mailing Address

700 ANTONE ST. N.W.
P. O. BOX 19815 STATION N
ATLANTA GA 30325-0815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0977528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEMENWAY, GEORGE R.
60 THIRD STREET
ROCKLEDGE FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

George R. Hemenway, Senior Vice President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 10, 2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME MALONE, J. KIRK
STREET ADDRESS 700 ANTONE STREET
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE V
NAME HEMENWAY, GEORGE R
STREET ADDRESS 60 THIRD ST
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

TITLE VS
NAME BRIDGES, CLAUDE S.
STREET ADDRESS 7085 RIVERSIDE DR. NW
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George R. Hemenway

January 10, 2000 404-351-3991

Date

Daytime Phone #

CR2E034 (9/99)