

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:44

DOCUMENT # 849753 (9)

1. Corporation Name

UNIVERSAL CONSTRUCTION COMPANY INC.

Principal Place of Business

336 JAMES RECORD RD  
P O BOX 8046  
HUNTSVILLE AL 35894-1514

Mailing Address

336 JAMES RECORD RD  
P O BOX 8046  
HUNTSVILLE AL 35894-1514

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                       |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>07/17/1981                                                                                                                       | 3a. Date of Last Report<br>08/02/1994 |
| 4. Fil Number<br>63-0811070                                                                                                                                           | Applying For<br>Not Applicable        |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                          | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                 | \$5.00 May Be<br>Added to Fees        |
| 7. This corporation has liability for and complies the number is 1001 (07/95)<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

2. Principal Place of Business

21. State, Apt #, etc

22. City & State

23. Zip

2a. Mailing Address

26. State, Apt #, etc

27. City & State

28. Zip

29. Country

30. Priority

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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. City                                               |    |
| 84. State                                              | 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 of registered agent or registered agent and time of appointment

Signature of registered agent or registered agent and time of appointment

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12) |                                                                              |
|----------------------------|-----------------------|---------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D                     | 1.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MCNEILL, ALFORD T.    | 1.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 375 HUDSON ST.        | 1.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | NEW YORK, NY 0        | 1.4 CITY, ST, ZIP                                       |                                                                              |
| TITLE                      | TAS                   | 2.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MAKEMSON, JAMES       | 2.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 336 JAMES RECORD RD.  | 2.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | HUNTSVILLE AL         | 2.4 CITY, ST, ZIP                                       |                                                                              |
| TITLE                      | P                     | 3.1 TITLE                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GLOVER, JERRE R.      | 3.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 336 JAMES RECORD ROAD | 3.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | HUNTSVILLE AL         | 3.4 CITY, ST, ZIP                                       |                                                                              |
| TITLE                      | S                     | 4.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VUMBACCO, J           | 4.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 375 HUDSON ST.        | 4.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | NEW YORK, NY 0        | 4.4 CITY, ST, ZIP                                       |                                                                              |
| TITLE                      | D                     | 5.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PARMELEE, HAROLD J.   | 5.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 375 HUDSON ST.        | 5.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | NEW YORK, NY 0        | 5.4 CITY, ST, ZIP                                       |                                                                              |
| TITLE                      | D                     | 6.1 TITLE                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SANCHEZ, AL P.        | 6.2 NAME                                                |                                                                              |
| STREET ADDRESS             | 100 ERIEVIEW PLAZA    | 6.3 STREET ADDRESS                                      |                                                                              |
| CITY, ST, ZIP              | CLEVELAND OH          | 6.4 CITY, ST, 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 110.07(1)(b), 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 of changes or on an attachment with an address.

SIGNATURE *James Makemson* James Makemson 06-26-95 205-461-0568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)