

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849871 (9)

1. Corporation Name
MID-AMERICA CONSTRUCTION COMPANY



Principal Place of Business 5900 POPLAR MEMPHIS TN 38119	Mailing Address 5900 POPLAR MEMPHIS TN 38119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1981	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number 62-0879644	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.	
				84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEHRUM, WILLIAM L	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1437 CENTRAL	12 NAME	
STREET ADDRESS	MEMPHIS TN	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	SD MORGAN, HENRY W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6830 MASSEY LANE	2.2 NAME	
STREET ADDRESS	MEMPHIS TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T CLAIBORNE, CHARLES H.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2465 LACOST AVE.	3.2 NAME	
STREET ADDRESS	BARTLETT TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MORGAN, HENRY W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6830 MASSEY LANE	4.2 NAME	
STREET ADDRESS	MEMPHIS TN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BOYLE, J BAYARD JR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	570 SHADY GROVE RD.	5.2 NAME	
STREET ADDRESS	MEMPHIS TN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Charles Claiborne* Charles Claiborne, Treasurer 2-18-98 901/767-0100

CR2E034 (10/97)