

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

FILED
Feb 03, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

02-03-1999 90023 049 ***150.00

DOCUMENT # **849871**

1. Corporation Name
MID-AMERICA CONSTRUCTION COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5900 POPLAR MEMPHIS TN 38119

Mailing Address
5900 POPLAR MEMPHIS TN 38119

3. Date Incorporated or Qualified
07/31/1981

4. FEI Number
62-0879644

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
MID-AMERICA CONSTRUCTION COMPANY
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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRUM, WILLIAM L	1.2 NAME	
STREET ADDRESS	1437 CENTRAL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HENRY W	2.2 NAME	
STREET ADDRESS	6830 MASSEY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIBORNE, CHARLES H.	3.2 NAME	
STREET ADDRESS	2465 LACOST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLETT TN	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, HENRY W	4.2 NAME	
STREET ADDRESS	6830 MASSEY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, J BAYARD JR	5.2 NAME	
STREET ADDRESS	570 SHADY GROVE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	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, with all other like empowered.

SIGNATURE *Charles Claiborne* **REQUIRE** **CHARLES CLAIBORNE** 1/8/99 901-767-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)