

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90079 039 ***150.00

DOCUMENT # 849871
 1. Entity Name
MID-AMERICA CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
5900 POPLAR **5900 POPLAR**
STE 100 **STE 100**
MEMPHIS TN 38119 **MEMPHIS TN 38119**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		62-0879644		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRUM, WILLIAM L	NAME	
STREET ADDRESS	1437 CENTRAL	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HENRY W	NAME	
STREET ADDRESS	6830 MASSEY LANE	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIBORNE, CHARLES H.	NAME	
STREET ADDRESS	2465 LACOST AVE.	STREET ADDRESS	
CITY-ST-ZIP	BARTLETT TN	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HENRY W	NAME	
STREET ADDRESS	6830 MASSEY LANE	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, J BAYARD JR	NAME	
STREET ADDRESS	570 SHADY GROVE RD.	STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Charles Claiborne* **REQUIRED** 2-25-02 901/767-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Charles Claiborne, Treasurer

CR2E034 (9/01)

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DOCUMENT # **849871**

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MID-AMERICA CONSTRUCTION COMPANY

Principal Place of Business 5900 POPLAR STE 100 MEMPHIS TN 38119	Mailing Address 5900 POPLAR STE 100 MEMPHIS TN 38119
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420712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 62-0879644		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEHRUM, WILLIAM L 1437 CENTRAL MEMPHIS TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, HENRY W 6830 MASSEY LANE MEMPHIS TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAIBORNE, CHARLES H. 2465 LACOST AVE. BARTLETT TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Charles Claiborne **REQUIRED** 2-25-02 901/767-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD02021 (01/01)

DATE 21-FEB-02 CUST. ACCT. NO.

VENDOR NAME FLORIDA DEPARTMENT VENDOR NO. 2294

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
849871	21-FEB-02	3-0-44910-0	0.00	150.00

4/20/12

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT.

THANK YOU

0.00

150.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND-NOT A WHITE BACKGROUND

Mid-America Construction Company

Operations Account

P.O. Box 17800

Memphis, TN 38187

Void after 180 days

One Hundred Fifty Dollars And 00 Cents

First Tennessee Bank, N.A.
Kingsport, Tennessee

87-804

642

CHECK DATE	CHECK NUMBER	AMOUNT
21 FEB 02	27749	*****150.00

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF STATE

P.O. BOX 1300

TALLAHASSEE, FL 323021500

BY *Key W. Dwyer*

EXPLANATION OF ADDITIONAL SECURITY FEATURES INDICATED ON REVERSE SIDE

1102221811 1066 20806 21 10128 211