

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 849871

1. Entity Name
MID-AMERICA CONSTRUCTION COMPANY



Principal Place of Business

**5900 POPLAR
STE 100
MEMPHIS, TN 38119**

Mailing Address

**5900 POPLAR
STE 100
MEMPHIS, TN 38119**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0879644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, DENNIS
STREET ADDRESS	5900 POPLAR AVE, SUITE 100
CITY-ST-ZIP	MEMPHIS, TN 38119

TITLE	SD
NAME	MORGAN, HENRY W
STREET ADDRESS	6830 MASSEY LANE
CITY-ST-ZIP	MEMPHIS, TN

TITLE	T
NAME	CLAIBORNE, CHARLES H.
STREET ADDRESS	2465 LACOST AVE.
CITY-ST-ZIP	BARTLETT, TN

TITLE	VD
NAME	MORGAN, HENRY W
STREET ADDRESS	6830 MASSEY LANE
CITY-ST-ZIP	MEMPHIS, TN

TITLE	D
NAME	BOYLE, J BAYARD JR
STREET ADDRESS	570 SHADY GROVE RD.
CITY-ST-ZIP	MEMPHIS, TN

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/07-80008-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Charles Claiborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Claiborne

4-18-07

Date

901-767-0100

Daytime Phone #