FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

• Corporation	n Name	# 8515 TRUCTION COMI		(7) INC.			4 1881/81 1818 1 81181 11081 11081 1118 1118	86 8:8 1 8 :81 6:81 8	a n ar an etan etan
Principal Place	e of Business			Mailing Address					
5245 S CHURCH ST BOX 307 ROEBUCK SC 29376				5245 S CHURCH ST BOX 307 ROEBUCK SC 29376					
							 Date Incorporated or Qualified 12/31/1981 	3a. Date of Last F 03/17/19	,
2. Principal Pl	lace of Bus i n	ess		a. Mailing Address			4. FEI Number	30,,	Applied For
Suite, Apt.	#. etc.		26	Suite, Apt. #, etc.			¢0.75		Not Applicable
22			27	L			5. Certificate of Status Desired	1 1	5 Additional Required
City & State	е		20	City & State			6. Election Campaign Financing	\$5.0	00 May Be
Zip	Country		28	Zip Country		/	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032.		
24	25		29	30			Florida Statutes	□No	; 199.032,
	9. Name	and Address of Curr	ent Regis	itered Agent	81	Name	10. Name and Address of New Re	egistered Agent	
CT CO	RPORATIO	N SYSTEM							
1200 S	1200 S. PINE ISLAND ROAD			B2 Street		Street Add	dress (P.O. Box Number is Not Acceptable	e)	
PLANTA	PLANTATION FL 33324						· · · · · · · · · · · · · · · · · · ·		
					84	Gity		85 Z	ip Code
11. Pursuant t	to the provisi	ons of Sections 607.05	02 and 60	7.1508. Florida Statuto	es the above (named corno	pration submits this statement for the purp	FL	
or register familiar wit	ed agent, or th, and accep	both, in the State of Flo of the obligations of, Se	orida. Such ection 607.	n change was authorize 0505. Florida Statutes	ed by the corp	oration's boa	oration submits this statement for the purpland of directors. I hereby accept the appo	ose of changing its introduction as registered	registered οπice d agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS				NOTE: Registered Agent signature required		ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	CEOT		11462 5000	DELETE	1. 1 TITLE		ADDITIONS/OFFINGES TO OFFIN	CERS AND DIRECTO	DRS IN 12
NAME		, MACK H			1.2 NAME			<u> </u>	
STREET ADDRESS		JRSERY DRIVE			1.3 STREET	i			
CITY-ST-ZIP TITLE	P	JCK SC 29376		T DELETE	1.4 C(1)Y - S 2 1 T(TLE	1-2IP		[7] Chaoan	E Addition
NAME	'	DAVID W			2.2 NAME			Change	Addition Addition
STREET ADDRESS	18 WIL	LOWOOD DRIVE			23 STREET	ADDRESS			
CITY-ST-ZIP	INMAN SC 29349			2.4.C(TY-ST-Z)P		T - ZIP			
TITLE [VS GRIFFII	N, BETTY		☐ DELETE	3. 1 TITLE			☐ Change	Addition
STREET ADDRESS		RON ORE ROAD			3.2 NAME 3.3. STREET	ADDRESS			
CITY-ST-ZIP		ANBURG SC 29303			3.4 CITY - S				
TITLE	V			☐ DELETE	4. 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	GHENT BOX 16	, NORMAN			4.2 NAME				
CITY-ST-ZIP		Y HILL SC 29074			4.3 STREET 4.4 City-St				
TITLE	٧			DELETE	5. 1 TITLE	- 215		☐ Change	Addition
NAME		, S. LAYTON			5.2 NAME				
STREET ADDRESS		RRIN DRIVE ANBURG SC 29302			5.3 STREET				
CITY-ST-ZIP TITLE	OFANI/	ANDUNG SC 28302		DELETE	5.4 CITY - ST 6. 1 TITLE	- ZIP		Change	[] Addition
NAME				3	6.2 NAME			Change	☐ Addition
STREET ADDRESS					63 STREET	ADDRESS			
CITY-ST-ZIP	/ certify that t	the information supplies	Lugith Abla	filing is valuetable f	64 CITY-ST	-ZIP			
Contry triat	CLOCK INDICATION	on mulcated on this and	iuai redori	l or suddierneniai anni	Jai renort is to b	a and accura	or the exemption stated in Section 119.0 ite and that my signature shall have the si s report as required by Chapter 607, Flor	ama laggi affagt ag if	[

SIGNATURE:

TO TYPE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

3-14-96 (864) 576-4762