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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852025 (6)
1. Corporation Name
SOUTH CAROLINA ABLE CONSTRUCTION COMPANY, INC.



Principal Place of Business
5 CENTURY DRIVE, SUITE 250
POST OFFICE BOX 6018
GREENVILLE SC 29606

Mailing Address
5 CENTURY DRIVE, SUITE 250
POST OFFICE BOX 6018
GREENVILLE SC 29606-6018

3. Date Incorporated or Qualified
03/01/1982
3a. Date of Last Report
01/26/1996
4. FEI Number
57-0471147
Applied For
Not Applicable
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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	GOW, THOMAS A.	1.2 NAME	HOOD, CECIL G
STREET ADDRESS	520 DEAN ROAD	1.3 STREET ADDRESS	4TH AVE.
CITY-ST-ZIP	GREER SC	1.4 CITY-ST-ZIP	WEST POINT, GA
TITLE	VSTD	2.1 TITLE	
NAME	RENTZ, MARION G.	2.2 NAME	
STREET ADDRESS	230 MERRIFIELD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GLOVER, EDMUND C	3.2 NAME	
STREET ADDRESS	4TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PT, GA 00000	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	MOODY, RAYMOND L	4.2 NAME	
STREET ADDRESS	4TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	WALDREP, FRANKLIN E	5.2 NAME	
STREET ADDRESS	5 CENTURY DRIVE SUITE 250	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HUGULEY, WILLIAM H	6.2 NAME	
STREET ADDRESS	4TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	6.4 CITY-ST-ZIP	

14. I do 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: *Marion G. Rentz* *Marion G. Rentz* 1/6/97 (864) 242-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #