

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 854351 (4)

1. Corporation Name

NEAREN CONSTRUCTION COMPANY, INCORPORATED



Principal Place of Business

Mailing Address

216 2ND ST. S.E.  
CULLMAN AL 35055

216 2ND ST. S.E.  
CULLMAN AL 35055

2. Principal Place of Business

2a. Mailing Address

21 8155 Warrenton Road

26 8155 Warrenton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Guntersville, AL

28 Guntersville, AL

24 Zip

Country

35976

25 Marshall

29 Zip

Country

35976

30 Marshall

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/12/1982

3a. Date of Last Report

02/07/1995

4. FEI Number

63-0751505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

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

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
ROSS, THOMAS B.  
STREET ADDRESS  
680 BROWNS CREEK RD.  
CITY-ST-ZIP  
GUNTERVILLE AL

TITLE ☐ DELETE

NAME  
VD  
ROSS, JUDY N  
STREET ADDRESS  
680 BROWNS CREEK RD.  
CITY-ST-ZIP  
GUNTERVILLE AL

TITLE ☐ DELETE

NAME  
STD  
NEAREN, FRANCES W.  
STREET ADDRESS  
1307 LARKWOOD DR. N.E.  
CITY-ST-ZIP  
CULLMAN AL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

(205) 582-7775

Date

Daytime Phone #

CR2E034 (12/95)