FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # 856880 (0)

1. Corporation Name
CONNER BROTHERS CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
P O BOX 3070 739 OPELIKA ROAD AUBURN AL 36831	P O BOX 3070 739 OPELIKA ROAD AUBURN AL 36831

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1983
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 58-0956839 ☐ 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

9. Name and Address of Current Registered Agent

MIMS, ANDREA P.
7000 SAN FERNANDO PLACE
JACKSONVILLE FL 32217

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, JAMES A.	1.2 NAME	
STREET ADDRESS	714 S DEAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, DONALD M.	2.2 NAME	
STREET ADDRESS	708 S DEAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, JOHN B.	3.2 NAME	
STREET ADDRESS	810 CARY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, MARSHALL J.	4.2 NAME	
STREET ADDRESS	794 MOORES MILL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, FRANK Y.	5.2 NAME	
STREET ADDRESS	1365 GATEWOOD DRIVE #412	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: John B. Conner JOHN B. CONNER 2/1/95 (334) 821-1470
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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