

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 # 856880 (0)  
1. Corporation Name  
CONNER BROTHERS CONSTRUCTION COMPANY, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 02/14/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-0956839	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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	PD	<input type="checkbox"/> DELETE
NAME	CONNER, JAMES A.	
STREET ADDRESS	714 S DEAN RD	
CITY - ST - ZIP	AUBURN AL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CONNER, DONALD M.	
STREET ADDRESS	708 S DEAN ROAD	
CITY - ST - ZIP	AUBURN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONNER, JOHN B.	
STREET ADDRESS	810 CARY DRIVE	
CITY - ST - ZIP	AUBURN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, MARSHALL J.	
STREET ADDRESS	794 MOORES MILL ROAD	
CITY - ST - ZIP	AUBURN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, FRANK Y.	
STREET ADDRESS	1365 GATEWOOD DRIVE #412	
CITY - ST - ZIP	AUBURN AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *John B Conner* JOHN B. CONNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (334) 821-1470

Date

Daytime Phone

CR2E034 (12/95)