

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856880 (0)
 1. Corporation Name:
CONNER BROTHERS CONSTRUCTION COMPANY, INC.

Principal Place of Business P O BOX 3070 739 OPELIKA ROAD AUBURN AL 36831	Mailing Address P O BOX 3070 739 OPELIKA ROAD AUBURN AL 36831-3070
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 01/24/1996
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 58-0956839	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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		10. Name and Address of New Registered Agent	
MIMS, ANDREA P. 7000 SAN FERNANDO PLACE JACKSONVILLE FL 32217		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, JAMES A.	1.2 NAME	Conner, James A.
STREET ADDRESS	714 S DEAN RD	1.3 STREET ADDRESS	281 Graystone Lane
CITY-ST-ZIP	AUBURN AL	1.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, DONALD M.	2.2 NAME	Conner, Donald M.
STREET ADDRESS	708 S DEAN ROAD	2.3 STREET ADDRESS	271 Graystone Lane
CITY-ST-ZIP	AUBURN AL	2.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, JOHN B.	3.2 NAME	Conner, John B.
STREET ADDRESS	810 CARY DRIVE	3.3 STREET ADDRESS	810 Cary Drive
CITY-ST-ZIP	AUBURN AL	3.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNER, MARSHALL J.	4.2 NAME	Carter, Kelly J.
STREET ADDRESS	794 MOORES MILL ROAD	4.3 STREET ADDRESS	1943 Watercrest Drive
CITY-ST-ZIP	AUBURN AL	4.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNER, FRANK Y.	5.2 NAME	Kiteley, Greg W.
STREET ADDRESS	1385 GATEWOOD DRIVE #412	5.3 STREET ADDRESS	1927 Kerihill Circle
CITY-ST-ZIP	AUBURN AL	5.4 CITY-ST-ZIP	Auburn, AL 36830
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Conner, Lee M.
STREET ADDRESS		6.3 STREET ADDRESS	832 Twin Forks Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Auburn, AL 36830

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: John B. Conner JOHN B. CONNER 1/10/97 (334) 821-1470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)