

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90118 030 ***158.75

DOCUMENT # **856880**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1983

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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	CTD	<input type="checkbox"/> DELETE
NAME	CONNER, JAMES A.	
STREET ADDRESS	281 GRAYSTONE LANE	
CITY-ST-ZIP	AUBURN AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNER, DONALD M.	
STREET ADDRESS	271 GRYSTONE LANE	
CITY-ST-ZIP	AUBURN AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNER, JOHN B.	
STREET ADDRESS	810 CARY DRIVE	
CITY-ST-ZIP	AUBURN AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, KELLY J.	
STREET ADDRESS	1943 WATERCREST DRIVE	
CITY-ST-ZIP	AUBURN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KITELY, GREG W.	
STREET ADDRESS	1927 KERIHILL CIRCLE	
CITY-ST-ZIP	AUBURN AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNER, LEE M.	
STREET ADDRESS	832 TWIN FORKS, AVENUE	
CITY-ST-ZIP	AUBURN AL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARTER, KELLY J.
4.3 STREET ADDRESS	1879 WATERCREST DRIVE
4.4 CITY-ST-ZIP	AUBURN, AL 36830
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 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, with all other like empowered.

SIGNATURE: **John B. Conner** **JOHN B. CONNER** **V.P. & DIRECTOR** **1/4/99** **(334) 821 1470**

CR2E034 (11/98)