CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857664 (7)

1. Corporation Name

MAYFAIR CONTRACTING, INC.

Principal Place of Business	Mailing Address
5 N. CLARENDON AVE. P.O. BOX 446 AVONDALE ESTATES GA 30002-1151	P.O. BOX 1032 MUNCIE IN 47308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1983	04/29/1994

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

4. FEI Number: 58-1525615 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	GILBERT, JAN G.	12 NAME	Gilbert, Jan G.	
STREET ADDRESS	700 SOUTH COUNCIL	13 STREET ADDRESS	700 S. Council	
CITY ST ZIP	MUNCIE IN	14 CITY ST ZIP	Muncie, IN	
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	BEARD, K.E.	22 NAME		
STREET ADDRESS	700 S. COUNCIL ST.	23 STREET ADDRESS		
CITY ST ZIP	MUNCIE IN	24 CITY ST ZIP		
TITLE	~~P~~	31 TITLE		☒ Change ☐ Addition
NAME	~~MAHANEY, KENNETH~~	32 NAME		
STREET ADDRESS	~~5 N. CLARENDON AVE.~~	33 STREET ADDRESS		
CITY ST ZIP	~~AVONDALE ESTATES GA~~	34 CITY ST ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	HINDS, DANNY	
STREET ADDRESS		43 STREET ADDRESS	700 S. COUNCIL ST.	
CITY ST ZIP		44 CITY ST ZIP	MUNCIE, IN	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	WEBSTER, DAVID	
STREET ADDRESS		53 STREET ADDRESS	1010 MAIN ST.	
CITY ST ZIP		54 CITY ST ZIP	ELKHART, IN	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Kokorelis, William A.	
STREET ADDRESS		63 STREET ADDRESS	700 S. Council	
CITY ST ZIP		64 CITY ST ZIP	Muncie, IN	

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. 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: Karen E Board Karen E. Board Sec/Treas 5/1/95 (317) 284-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480771 FN