

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90128 030 ***158.75

0806117 AT

DOCUMENT # F00000006603

1. Entity Name

T & C CONTRACTING, INC.

Principal Place of Business

**6301 PENDLETON ROAD
LOUISVILLE KY 40272-0398**

Mailing Address

**PO BOX 73298
LOUISVILLE KY 40272-0398**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1013120

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THORNBERRY, DONALD T
6811 DANAH COURT
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

THORNBERRY, DONALD T.

Street Address (P.O. Box Number is Not Acceptable)

4819 LAUREL LN.

City

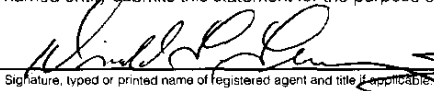
FT. MYERS**FL**

Zip Code

33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Donald T. Thornberry****1/15/02**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **THORNBERRY, DONALD T**
CITY-ST-ZIP **PO BOX 73298
LOUISVILLE KY 40272**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **AMLUNG, DAVID K**
CITY-ST-ZIP **PO BOX 73298
LOUISVILLE KY 40272**TITLE ☐ Delete
NAME **VDS**
STREET ADDRESS **JANSEN, WILLIAM J**
CITY-ST-ZIP **PO BOX 73298
LOUISVILLE KY 40272**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/13/02 502 937-3433**
Date Daytime Phone #

CR2E034 (9/01)