2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001707

1. Entity Name

AGC ALABAMA CONSTRUCTION INDUSTRY SERVICE, INC.



FILED Mar 21, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

5000 GRANTSWOOD ROAD IRONDALE, AL 35210

Mailing Address

P.O. BOX 102066 IRONDALE, AL 35210



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| 4. FEI Number | Applied For | |
|----------------------------------|-----------------------------------|--|
| 63-1214882 | Not Applicable | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WOODALL, JAMES L 201 S F STREET PENSACOLA, FL 35201

DO NOT WRITE IN THIS SPACE

No Chg-P

01302007

| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
|---|--|--|---|---|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) /- DATE | | | | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | U00000674660 03/29/07-80078-010 150.00 | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | , | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JONES, DON 5000 GRANTSWOOD ROAD IRONDALE, AL 35210 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HAGOOD, HENRY T JR 5000 GRANTSWOOD ROAD IRONDALE, AL 35210 | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALTON, NORMAN 7511 HOWELL'S FERRY ROAD MOBILE, AL 36601 | | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , | • . | | | | |
| 12. I hereby of indicated of the corp | erity that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered | ing does not qualify for the exer and accurate and that my signature to execute this report as require | mptions con ure shall hav ed by Chapt | tained in Chapter 11 e the same legal effe er 607, Florida Statut | 9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if | | | | |

NING OFFICER OR DIRECTOR