

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004893

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** T.L. WALLACE CONSTRUCTION, INC.

**Current Principal Place of Business:**

800 HIGHWAY 98 BYPASS  
COLUMBIA, MS 39429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 523  
COLUMBIA, MS 39429 US

**New Mailing Address:**

**FEI Number:** 64-0574472      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CARNEY, JAMES E  
Address: P.O. BOX 523 COLUMBIA MS 39429  
City-St-Zip: COLUMBIA, MS 39429 US

Title: SCFO  
Name: DUNAWAY, JR, TOMMY E  
Address: P.O. BOX 523 COLUMBIA MS 39429  
City-St-Zip: COLUMBIA, MS 39429 US

Title: DVP  
Name: WALLACE, MIKE  
Address: P.O. BOX 523 COLUMBIA MS 39429  
City-St-Zip: COLUMBIA, MS 39429 US

Title: P  
Name: CARNEY, JAY  
Address: P.O. BOX 523 COLUMBIA MS 39429  
City-St-Zip: COLUMBIA, MS 39429 US

Title: COO  
Name: HARRIS, DARRYL  
Address: P.O. BOX 523  
City-St-Zip: COLUMBIA, MS 39429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOMMY E DUNAWAY JR

SCFO

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date