

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 12:56

DOCUMENT # F92000000629 (7)

1. Corporation Name
NEW SOUTH CONTRACTORS, INC.

Principal Place of Business Mailing Address
**76 MARTHA CIRCLE 76 MARTHA CIRCLE
LEBANON TN 37087 LEBANON TN 37087**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/25/1992** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

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4. FEI Number **62-1274691** 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC**
NAME **BENWARD, MARY ELLEN**
STREET ADDRESS **76 MARTHA CIRCLE**
CITY-ST-ZIP **LEBANON TN 37087**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **37090**

TITLE **VP**
NAME **BENWARD, EDWARD KELLY**
STREET ADDRESS **76 MARTHA CIRCLE**
CITY-ST-ZIP **LEBANON TN 37087**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **37090**

TITLE **ST**
NAME **BRYANT, JAMES P**
STREET ADDRESS **76 MARTHA CIRCLE**
CITY-ST-ZIP **LEBANON TN 37087**

3.1 TITLE Change Addition
3.2 NAME **ST**
3.3 STREET ADDRESS **MCMILLIN, LISA C.**
3.4 CITY-ST-ZIP **76 MARTHA CIRCLE
LEBANON, TN 37090**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it fully complies with the requirements stated in Section 199.032(3)(b), 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 007, Florida Statutes; and that my name appears in block 12 or block 13 of this report, or in an attachment with an address.

SIGNATURE: *Lisa C. McMillin* LISA C. McMILLIN

1-16-95 615-444-2395