

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000629 (7)**

1. Corporation Name
NEW SOUTH CONTRACTORS, INC.



Principal Place of Business: **76 MARTHA CIRCLE LEBANON TN 37067**
Mailing Address: **76 MARTHA CIRCLE LEBANON TN 37067**

2. Principal Place of Business: 21 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 **37090** Country: 25 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 **37090** Country: 30 []

3. Date Incorporated or Qualified: **11/25/1992** 3a. Date of Last Report: **02/14/1995**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL 37090**

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	[] DELETE	TITLE:	[] Change [] Addition
NAME: BENWARD, MARY ELLEN		2 NAME:	
STREET ADDRESS: 76 MARTHA CIRCLE		3 STREET ADDRESS:	
CITY-ST-ZIP: LEBANON TN		14 CITY-STATE-ZIP:	37090
TITLE: VP	[] DELETE	21 TITLE:	[] Change [] Addition
NAME: BENWARD, EDWARD KELLY		22 NAME:	
STREET ADDRESS: 76 MARTHA CIRCLE		23 STREET ADDRESS:	
CITY-STATE-ZIP: LEBANON TN		24 CITY-STATE-ZIP:	37090
TITLE: ST	[] DELETE	31 TITLE:	[] Change [] Addition
NAME: MCMILLIN, LISA C		32 NAME:	
STREET ADDRESS: 76 MARTHA CIRCLE		33 STREET ADDRESS:	
CITY-STATE-ZIP: LEBANON TN		34 CITY-STATE-ZIP:	37090
TITLE:	[] DELETE	41 TITLE:	[] Change [] Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-STATE-ZIP:		44 CITY-STATE-ZIP:	
TITLE:	[] DELETE	51 TITLE:	[] Change [] Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP:	
TITLE:	[] DELETE	61 TITLE:	[] Change [] Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-STATE-ZIP:		64 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisa C. McMillin / Lisa C. McMillin* 3/13/96 615-444-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)