

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000153 (7)

1. Corporation Name

J. A. LETT CONSTRUCTION CO., INC.

Principal Place of Business

Mailing Address

511 STAGE ROAD
AUBURN AL 36830
US

PO BOX 1330
AUBURN AL 36831
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1993

3a. Date of Last Report

03/04/1994

4. FEI Number

63-0636032

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. 100.032,
Florida Statutes Yes No

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

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTLES, RONALD M
502 EAST 3RD STREET
LYNN HAVEN FL 32444

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LETT, SCOTTY A
STREET ADDRESS 5830 LEE ROAD
CITY - ST - ZIP OPELIKA AL 36801

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

Change Addition

TITLE V
NAME LETT, MILES L
STREET ADDRESS 607 AUBURN DRIVE
CITY - ST - ZIP AUBURN AL 36830

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

Change Addition

2041 Windway Dr.

TITLE CDST
NAME LETT, J A
STREET ADDRESS 1001 OGLETRE ROAD
CITY - ST - ZIP AUBURN AL 36830

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

Change Addition

1211 E. University Dr.

TITLE D
NAME BATTLES, RONALD M
STREET ADDRESS 501 EAST 3RD STREET
CITY - ST - ZIP LYNN HAVEN FL 32444

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

Change Addition

502 East 3rd Street

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Scotty A. Lett

Scotty A. Lett

04/26/95

334-821-7390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.