FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000636 (1)**

1. Corporation Name
CONSOLIDATED CONSTRUCTION TECHNIQUES, INC.

Principal Place of Business	Mailing Address
2806 RUFFNER ROAD SUITE 103 BIRMINGHAM AL 35210	2806 RUFFNER ROAD SUITE 103 BIRMINGHAM AL 35210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: 1700 2ND AVENUE S.
22: Suite, Apt. #, etc.
23: BIRMINGHAM AL
24: 35233
25: US

2a. Mailing Address
26: P.O. Box 2454
27: Suite, Apt. #, etc.
28: BIRMINGHAM, AL
29: 35201-2454
30: US

4. FEI Number: 63-1015228 ☐ 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

DRISKELL, VICTOR
6306 LAUREL FAIR CIRCLE
SUITE 110
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1502 E. BAKER ST.
83
84 City: PLANT CITY FL 85 Zip Code: 33566

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	GLEN, CHARCEY G	1.2 NAME	
STREET ADDRESS	1303 MOTON ST., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEEDS AL 35094	1.4 CITY-ST-ZIP	
TITLE	DTVP	2.1 TITLE	☐ Change ☐ Addition
NAME	GUTHRIE, GLENN H	2.2 NAME	
STREET ADDRESS	203 POWELL PLACE	2.3 STREET ADDRESS	600001527316
CITY-ST-ZIP	TRUSSVILLE AL 35173	2.4 CITY-ST-ZIP	-06/29/95--01074--011
TITLE	DVPS	3.1 TITLE	****200.00 ****200.00 ☐ Addition
NAME	MOORE, D. WAYNE	3.2 NAME	
STREET ADDRESS	211 STERRETT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD AL 35209	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 no address.

SIGNATURE: Charcey Glen (President) 6/27/95 205-252-7853
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446320 FP