FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002688 (0)

UNITED	COMMERCIAL CONSTRUCT	FION, INC.				1)))	18. 81141 1814 18. 848 1 1816	1841 3484 1841 1841
Principal Piece 4200 PERIMETE ATLANTA GA 3	ER PARK SOUTH, SUITE 250	Mailing Address 4200 PERIMETER PARK 8 ATLANTA GA 30341-1202	4200 PERIMETER PARK SOUTH. SUITE 250		I LOUINGO PARO LOURO PARA GARAL BARAL D	ATO METER OPER TO		1911 (6 91
					3. Date Incorporated or Qualified			port
					06/10/1993	<u> </u>	/1996	
2. Principal Pl	2a. Mailing Address	ng Address		4, FEI Number			plied For	
Suite, Apt	Suite, Apt. #, etc.	# etc		58-1973239		\$8.75 A	t Applicable	
22	27			5. Certificate of Status Desired		Fee Re		
City & State	()	City & State	City & State		6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	y	8. This corporation has liability for	r intangible tax	under s.	199.032,
24	25	29	30		Florida Statutes	Yes 🔀	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Age	ant	
	CORPORATION SYSTEM		81	Name				
	SOUTH PINE ISLAND ROAD		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
PLA	NTATION FL 33324		-					
			83	']				
			84	City			85 Zip C	Code
	10707070	and CO7 1500. Florida Ctatut	4ho ahou		and the state of t	FL [anning it	
office or r	egistered agent, or both, in the State (of Florida, Such change was a	authorized b	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appoin	itment as	registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505. Flo	orida Statute	S.				
SIGNATURE	Source in transition printed name of registered agon	Land title if applicable (NOT)	F Bagistered Ag	not signature recy	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		IRECTOR	S IN 12
Mil	PCD	DELETE	1.1 TITLE				Change	Addition
NAME	WILSON, ROBERT M		1.2 NAME]				ŀ
STREET ADDRESS	12800 BUCKSPORT DRIVE		1.3 STREE	T ADDRESS				<u>}</u>
CHTY - ST - ZF	ROSWELL GA 30075		1.4 CITY-	ST-ZIP	***************************************			
TITLE			2.1 TITLE	}		<u> </u>	Change	Addition
NAME	CASH, LARRY C		2.2 NAME					
STREET ADDRESS	3694 COLD WATER LANE			T ADDRESS	بي			Ì
City (4 - Zir	SNELLVILLE GA	DELETE	2. 4 CITY -	ST-ZIP	\$°		Change	Addition
THEF			3.1 TITLE 3.2 NAME			L.,	ได้เหมีนิด	ווטוווטוז נ
STREET ADDRESS	205 RICHMOND PL		•	T ADDRESS				}
CHY-SI-7/P	NEWNAN GA		3.4. CITY-	- 1				ł
1001	्र प्रकार प्रदेश के कि पा विकास है। 	DELETE	4.1 TITLE	O1-TH		Ε.	Change	Addition
NAME			4. 2 NAME	.			. •	
STREET ADDRESS				T ADDRESS				
CISY 51-ZiP			4.4 CITY-	1				{
TITLE		DELETE	5.1 TITLE			L	Change	Addition
NAME			5.2 NAME					J
STHEET ASSURESS			5.3 STREE	T ADDRESS				
GBY-51-20			5.4 CITY-	ST - ZIP				
1drF		☐ DELETE	61 TRILE				Change	Addition
NAME			6.2 NAME	Í				
STREET ADDRESS			6.3 STREE	T ADDRESS				
C IN - ST- 74P	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-	ST-ZIP				

14. If do hereby certify that the information supplied with this filing 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 eath; 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 13/10changed, or on an attachment with an address.

SIGNATURE

VATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (770)456-0092

FILED

May 05 1997 8:00am

Secretary of State

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