FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000002931 (4)**

1. Corporation Name

WAYNE BROWN BUILDERS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 5479 BOSSIER CITY LA 71171-5479	POST OFFICE BOX 5479 BOSSIER CITY LA 71171-5479

2. Principal Place of Business	P O BOX 8669	2a. Mailing Address	P O BOX 8669
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	BOSSIER CITY LA	City & State	BOSSIER CITY LA
Zip / County	71113 / xxxxParish BOSSIER	Zip / County	71113 / xxxxx Parish BOSSEIR

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 01/31/1995
4. FEI Number: 72-0703966 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ xx — $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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP BROWN, B. WAYNE 8610 GLENHAVEN SHREVEPORT LA 71106	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS	DVC BROWN, JAMES M 5001 SUNFLOWER BLVD.	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, JAMES M 5001 SUNFLOWER BLVD. BOSSIER CITY LA 71112	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VP BROWN, JAMES M 5001 SUNFLOWER BLVD BOSSIER CITY LA 71112	xx Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BROWN, JAMES DOUGLAS 5009 FELICIANA DRIVE BOSSIER CITY LA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 an address.

SIGNATURE: _____ B. WAYNE BROWN 02/26/96 (318) 746-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #