

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000005052 (6)**

1. Corporation Name

SOUTHERN BLEACHER CONSTRUCTION CO., INC.

Principal Place of Business

POST OFFICE 1
GRAHAM TX 76450

Mailing Address

POST OFFICE 1
GRAHAM TX 76450



2. Principal Place of Business

2a. Mailing Address

21

Subst. Apt. #, etc.

26

Subst. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LOMBROIA, THOMAS R
10935 SW 105 AVENUE
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0707 and 607.1005, 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. Said change was not ordered 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 of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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CITY-STATE-ZIP
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NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DCP
PETTUS, JOANN
3400 GRAFORD HWY
GRAHAM TX
S
PETTUS, SHERRILL
3400 GRAFORD HWY
GRAHAM TX

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
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41. TITLE
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73. TITLE
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81. TITLE
82. NAME
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84. CITY-STATE-ZIP
85. TITLE
86. NAME
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88. CITY-STATE-ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on which Section 110.04(9)(a), Florida Statutes. I further certify that the information included on this report or supplemental 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 registered agent or trustee or provider of the services provided to the corporation by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes or is an attachment to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 817-544-0733

CR2E034 (12/95)