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FILED

Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005728 (1)

1. Corporation Name
NETWORK CONSTRUCTION SERVICES, INC.

Principal Place of Business

4019 VIEWMONT DRIVE
GREENBORO NC 27406
US

Mailing Address

~~7404 CHAPEL HILL ROAD
SUITE M
RALEIGH NC 27607-5043
US~~



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 4019 Viewmont Dr.

27 City & State

28 Zip

30 Country

29

USA

3. Date Incorporated or Qualified

3a. Date of Last Report

12/17/1993

02/13/1996

4. FET Number

56-1846534

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STROHMEYER, FREDDY M	
STREET ADDRESS	640 E. KIVETT ST.	
CITY-ST-ZIP	ASHEBORO NC 27203	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RANKIN, LAWSON A JR	
STREET ADDRESS	1512 LEANNE CT.	
CITY-ST-ZIP	RALEIGH NC 27606-4143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLTZEN, HUGH A	
STREET ADDRESS	9890 DEERCO RD	
CITY-ST-ZIP	TIMONIUM MD 21083	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, EDWARD K	
STREET ADDRESS	380 KNOLLWOOD STREET, SUITE 410	
CITY-ST-ZIP	WINSTON-SALEM NC 27103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, ROBERT W	
STREET ADDRESS	RT 1 BOX 620	
CITY-ST-ZIP	TAYLORSVILLE NC 28881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Execu. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth W Amburn	
1.3 STREET ADDRESS	1521 Bridford Parkway Apt-10-D	
1.4 CITY-ST-ZIP	Greensboro NC 27406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)