## 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 # F9400000062 (9)

LANGAN CONSTRUCTION COMPANY, INC.

| Principal Place of Business Mailing Address  |  |                  |                                       |                              |                                 |                     |                                     |  |   | A LOURING HILD LIGHT DEBYE BONN ORDER BONN ORDER |                                       |                |               |  |
|--|--|------------------|---------------------------------------|------------------------------|---------------------------------|---------------------|-------------------------------------|--|---|--|---------------------------------------|----------------|---------------|--|
| 1365 GOVERNMENT ST. 1365 GOVERNMENT ST.  |  |                  |                                       |                              |                                 |                     |                                     | ı  | 1   |  |                                       |                |               |  |
| SUITE 5<br>Mobile al 38604   |  |                  |                                       |                              | SUITE 5<br>MOBILE AL 36604-2011 |                     |                                     |  |   |  |                                       |                |               |  |
| MODILE NE 90004  |  |                  |                                       | MODILE A                     | MODILE AL GOODYZOTT             |                     |                                     |  | 3.  | Date Incorporated or Qualified                   | <b>3a</b> . Da                        | ate of Last R  | Report        |  |
|  |  |                  |                                       |                              |                                 |                     |                                     |  | 01/05/1994 07/23/1996   |  |                                       |                |               |  |
| 2.   | Principal Pl   | ace of Busin     | iess                                  | 2a. Mailing                  | 2a. Mailing Address             |                     |                                     |  | FEI Number  | <u>-</u>   |                                       | oplied For     |               |  |
| 21   |  |                  |                                       | 26                           | 26                              |                     |                                     |  |   | 63-0507166                                       |                                       | No             | ot Applicable |  |
| Suite, Apt. #, etc.  |  |                  |                                       | Suite,                       | Suite, Apt. #, etc.             |                     |                                     |  | 5. Certificate of Status Desired \$8.75 Additional  |  |                                       |                |               |  |
| 22   |  |                  |                                       | 27                           |                                 |                     |                                     |  | Fee Required  |  |                                       |                |               |  |
|  | City & State   | 3                |                                       | h                            | City & State                    |                     |                                     | 6. Election Campaign Financing \$5.00 May Be |   |  |                                       |                |               |  |
| 23   | 7:- L Country  |                  |                                       | 28                           | Zip   Country                   |                     |                                     |  | Trust Fund Contribution Added to Fees   |  |                                       |                |               |  |
|  | Zip  | Country          |                                       |                              |                                 |                     |                                     |  | 8. This corporation has fiability for intangible tax under s. 199.032,  Florida Statutes ☐ Yes ☐ No |  |                                       |                |               |  |
| 24   | 24 25 29 30<br>9. Name and Address of Current Registered Agent |                  |                                       |                              |                                 |                     |                                     | ,,,  | Florida Statutes  |  |                                       |                |               |  |
|  |  |                  |                                       |                              |                                 |                     |                                     | Name   |   |  |                                       |                |               |  |
| WILLIS, LINTON<br>6500-A PENSACOLA BLVD.   |  |                  |                                       |                              |                                 |                     |                                     |  |   |  |                                       |                |               |  |
| PENSACOLA FL 32505   |  |                  |                                       |                              |                                 |                     | 2                                   | Street Addres                                | ss (P.  | O. Box Number is Not Acceptable.                 | le)                                   |                |               |  |
| 4  | FCIT   | OMOULA I         | L 02000                               |                              |                                 | 8                   | 3                                   |  |   |  |                                       |                |               |  |
|  |  |                  |                                       |                              |                                 | 8                   | 1                                   |  |   |  |                                       |                |               |  |
| •  |  |                  |                                       |                              |                                 |                     |                                     | City   |   |  | FL                                    | <b>85 Z</b> ip | Code          |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above            |  |                  |                                       |                              |                                 |                     |                                     | named corpo                                  | ration  | submits this statement for the p                 | urpose o                              | f changing i   | ts registered |  |
|  | office or re   | egistered ag     | ent, or both, in the St               | late of Florida, Such        | n change was<br>n 607 0505. Fi  | oy I                | the corporatio                      | on's b                                       | oard of directors. I hereby accep   | t the app  | ointment as                           | registered     |               |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE |  |                  |                                       |                              |                                 |                     |                                     |  |   |  |                                       |                |               |  |
| 51   | GNATURE  | Signature, typed | or printed name of registeres         | Jagent and title if applicat | le (NO                          | 16 Registered A     | gent                                | t signature required                         | d when  | reinstating)                                     | DATE                                  |                |               |  |
| 12   |  |                  | OFFICERS                              | AND DIRECTORS                |                                 | 13.                 |                                     |  | Ą   | ADDITIONS/CHANGES TO OFFIC                       | ERS AND                               |                |               |  |
| TIT  | LE   | Р                |                                       |                              | ☐ DEFE1E                        | 1.1 TITLE           |                                     |  |   |  |                                       | Change         | Addition      |  |
| NA   | ME   |                  | , THOMAS J SR                         |                              | 1.2 N                           |                     | E                                   |  |   |  |                                       |                |               |  |
| STI  | REET ADDRESS   |                  | DOG RIVER DR.                         |                              |                                 |                     |                                     | STREET ADDRESS                               |   |  |                                       |                |               |  |
|  | Y-ST-ZIP   | THEODO           | RE AL 36582                           |                              | Driete                          |                     | - Sì - ZIP                          |  |   | <u> </u>   |                                       | Chann          | 4 eleberar    |  |
| TIT  |  | V                | 101111 0                              |                              | ☐ DELETE                        | 2.1 TITLE           |                                     |  |   |  |                                       | Change         | Addition      |  |
| 1 i.   |  |                  | LANGAN, JOHN C<br>1365 GOVERNMENT ST. |                              |                                 |                     | 2 2 NAME                            |  |   |  |                                       |                |               |  |
| 1  | REET ADORESS   |                  |                                       |                              |                                 |                     | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP |  |   |  |                                       |                |               |  |
| <del></del>  | ITY-ST-ZIP MOBILE AL 36604                                     |                  |                                       |                              | DELETE 3.1 TO                   |                     |                                     | 1 - £IP                                      |   |  |                                       | Change         | Addition      |  |
| NAI  | -  | -                | , PATRICIA C                          |                              | L DECEM                         | 3.7 HILE<br>3.2 NAM |                                     |  |   |  |                                       | - Similar      |               |  |
| 1  | STREET ADDRESS 3294-C DOG RIVER DR.                            |                  |                                       |                              |                                 |                     | NDORESS                             |  |   |  |                                       |                |               |  |
|  | Y-ST-ZIP   |                  | RE AL 36582                           |                              |                                 | 3.4. CITY           |                                     |  |   |  |                                       |                |               |  |
| TIT  |  | .,,2000          |                                       |                              | DELETE                          | 4.1 TITLE           |                                     |  | .,  |  |                                       | ☐ Change       | Addition      |  |
| NA   | i  |                  |                                       |                              |                                 | 4. 2 NAM            | 1E                                  |  |   |  |                                       |                |               |  |
| 1  | REET ADORESS   |                  |                                       |                              |                                 | 4.3 STRE            | ET A                                | ADDRESS                                      |   |  |                                       |                |               |  |
| 1  | Y-ST-ZIP   |                  |                                       |                              |                                 | 4.4 CITY            | - 51-                               | - ZIP  |   |  |                                       |                |               |  |
| TIT  |  | ***              |                                       |                              | DELETE                          | 5.1 TITLE           |                                     | 1  |   |  |                                       | ☐ Change       | Addition      |  |
| NA   | ME   |                  |                                       |                              |                                 | 5.2 NAM             | É                                   |  |   |  |                                       |                |               |  |
| ST   | REET ADDRESS   |                  |                                       |                              |                                 | 5.3 S1RE            | ET A                                | ADDRESS                                      |   |  |                                       |                |               |  |
| CIT  | Y-ST-ZIP   |                  |                                       |                              | ·                               | 5.4 CITY            | - \$1                               | - ZIP  |   | <u></u>  | · · · · · · · · · · · · · · · · · · · |                |               |  |
| 711  | tt   |                  |                                       |                              | DELFTE                          | 6.1 7171.5          |                                     |  |   |  |                                       | Change         | Addition      |  |
| NA.  | ME   |                  |                                       |                              |                                 | 6.2 NAM             | E                                   |  |   |  |                                       |                |               |  |
| STI  | REET ADDRESS   |                  |                                       |                              |                                 | 6.3 S1RE            | ETA                                 | ADDRESS                                      |   |  |                                       |                |               |  |

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.

**FILED** 

Jun 05 1997 8:00am

Secretary of State