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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F94000001461

1. Corporation Name
GERALD DAVID ORR CONTRACTING, INC.

Principal Place of Business
P.O. BOX 1216
Old Sweetwater Rd.
Robbinsville, N.C. 28771

Mailing Address
P.O. BOX 1216
Old Sweetwater Rd.
Robbinsville, N.C. 28771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number
56-1686598
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTTERS, PAULA
2004 N. KENANSville Rd.
KENANSville, Fl. 34739

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ORR, GERALD D. (N/A)		12 NAME	
STREET ADDRESS	P.O. BOX 1216 Old Sweetwater Rd.		13 STREET ADDRESS	
CITY-ST-ZIP	ROBBINSville, N.C 28771		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ORR, KEVIN (N/A)		22 NAME	
STREET ADDRESS	P.O. BOX 1216 Old Sweetwater Rd.		23 STREET ADDRESS	
CITY-ST-ZIP	Robbinsville, N.C. 28771		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CARVER, IRENE C.		32 NAME	
STREET ADDRESS	RT. 1 BOX 169		33 STREET ADDRESS	
CITY-ST-ZIP	ROBBINSville, N.C. 28771		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, BURCH		42 NAME	
STREET ADDRESS	BOX 465 509 KALE AVE.		43 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, TN 37329		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I 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: Burch Russell BURCH RUSSELL TREASURER 3-28-98 (423) 887-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #