

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002190 (6)

1. Corporation Name

BROAD, VOGT & CONANT, S.W., INC.

Principal Place of Business

1200 SOUTH REYNOLDS ROAD
BRYANT AR 72022

Mailing Address

1200 SOUTH REYNOLDS ROAD
BRYANT AR 72022

FILED

Feb 20 1996 8:00 am

Secretary of State



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

09/22/1995

4. FEI Number

31-1358995

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature of Registered Agent (if not a resident of the State of Florida)

Signature of Registered Agent (if a resident of the State of Florida)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CCEO
BROAD, JOHN W
195 CAMPBELL
RIVER ROUGE MI 48218

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
COVERT, FRANK
HWY. 183 - REYNOLDS RD.
BAUXITE AR 72011

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
FAIR, BYRON R
195 CAMPBELL
RIVER ROUGE MI 48218

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AST
SMITH, NANCY
HWY. 183 - REYNOLDS RD.
BAUXITE AR 72011

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

2. TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

3. TITLE
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12. TITLE
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☐ Change ☐ Addition

13. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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)(k), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

2/14/96

(313) 841-8100

CR2E034 (12/95)