

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003080 (8)

1. Corporation Name

C.D. MOODY CONSTRUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

6017 REDAN RD  
LITHONIA GA 30058  
US

PO BOX 634  
REDAN GA 30074

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

58-1778748

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

10. Name and Address of New Registered Agent

TRITT, ARNOLD D JR  
103 CENTURY 21 DR.  
SUITE 218  
JACKSONVILLE FL 32216

81 Name Charles W. Cherry, II Esq  
82 Street Address (P.O. Box Number is Not Acceptable)  
121 NW 6th Ave  
83  
84 City Fort Lauderdale FL 85 Zip Code 33311

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

Charles W. Cherry

Charles W. Cherry

7/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME MOODY, C.D. JR  
STREET ADDRESS 5633 SOUTHLAND DR  
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE VCVS  
NAME MOODY, KARLA L  
STREET ADDRESS 5633 SOUTHLAND DR  
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE D  
NAME MOODY, CHARLES D SR  
STREET ADDRESS 3521 WINDEMERE DR  
CITY-ST-ZIP ANN ARBOR MI

TITLE D  
NAME MOODY, CHRISTELLA  
STREET ADDRESS 3521 WINDEMERE DR  
CITY-ST-ZIP ANN ARBOR MI

TITLE T  
NAME MOODY, COREY  
STREET ADDRESS 4585 SHUMART DR  
CITY-ST-ZIP LITHONIA GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS 1426 Doe Valley Dr.  
14 CITY-ST-ZIP Lithonia, GA 30058

21 TITLE  
22 NAME  
23 STREET ADDRESS 1426 Doe Valley Dr.  
24 CITY-ST-ZIP Lithonia, GA 30058

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS 3210 Golfe Links Dr.  
54 CITY-ST-ZIP Snellville, GA 30278

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibit Page #

CR2E034 (3/96)