

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000003660

1. Entity Name
BELZ CONSTRUCTION CO., INC.



Principal Place of Business

**5118 PARK AVE.
SUITE 327
MEMPHIS, TN 38117**

Mailing Address

**5118 PARK AVE.
SUITE 327
MEMPHIS, TN 38117**

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1103189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CT Corporation System**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/2004
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000090011
03/16/04-80013-015 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELZ, MARTIN S
STREET ADDRESS	5118 PARK AVE.
CITY - ST - ZIP	MEMPHIS, TN 38117
TITLE	VD
NAME	FLYNN, ERROL S
STREET ADDRESS	5118 PARK AVE.
CITY - ST - ZIP	MEMPHIS, TN 38117
TITLE	ST
NAME	WILLIAMS, JIMMIE
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400
CITY - ST - ZIP	MEMPHIS, TN 38103
TITLE	VP
NAME	BELZ, RON
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400
CITY - ST - ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2004

Date

(901) 762-5490

Daytime Phone #