FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005244 (8)**

1. Corporation Name

DAYS CONSTRUCTION COMPANY OF VIRGINIA

Principal Place of Business	Mailing Address
1018 SECOND ST. ROANOKE VA 24016	1018 SECOND ST. ROANOKE VA 24016

3. Date Incorporated or Qualified: 10/10/1994	3a. Date of Last Report: 02/22/1995
4. FEI Number: 54-1475754	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Street, Apt. #, etc. 22	Street, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 — County: 25	Zip: 29 — Country: 30

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 Section 607.0502 and 617.1502, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DILLON, WAYNE E		2 NAME	
STREET ADDRESS	1018 SECOND ST.		3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA 24016		4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, THOMPSON W		6 NAME	
STREET ADDRESS	1018 SECOND ST.		7 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA 24016		8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, and furthermore, I do 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 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 added to the report, above with an address.

SIGNATURE: Thompson W. Goodwin Thompson W. Goodwin 3/21/96 540/345-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number