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FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002294 (5)

1. Corporation Name

FIRST SOUTH UTILITY CONSTRUCTION, INC.



Principal Place of Business

P.O. BOX 14280
GREENSBORO NC 27415

Mailing Address

P.O. BOX 14280
GREENSBORO NC 27415-4280

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

03/20/1996

4. FEI Number

56-1812765

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

24

9. Name and Address of Current Registered Agent

STOVER, WILLIAM T
92140 US HWY. 1, SUITE 11
TAVERNIER FL 33070

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 type for person or office registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	STOVER, WILLIAM T	
STREET ADDRESS	151 DUBONNET ROAD	
CITY- ST- ZIP	TAVERNIER FL 33070	
TITLE	DP	DELETE
NAME	JONES, ROBERT A	
STREET ADDRESS	2401-A MONTREAL AVE.	
CITY- ST- ZIP	GREENSBORO NC 27406	
TITLE	VSTD	DELETE
NAME	CROWSON, THOMAS B	
STREET ADDRESS	2401-A MONTREAL AVE.	
CITY- ST- ZIP	GREENSBORO NC 27406	
TITLE	T	DELETE
NAME	SONRICKER, THOMAS K.	
STREET ADDRESS	2401-A MONTREAL AVE.	
CITY- ST- ZIP	GREENSBORO NC	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	Change Addition
21 TITLE	Change Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	Change Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	Change Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	Change Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	Change Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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:

Thomas K. Sonricker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS K. SONRICKER TREAS.

Date

Daytime Phone

3/2/97 910-273-8175

CR2E034 (9/96)