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 # **F95000003983 (2)**

1. Corporation Name

D&M CONTRACTORS, INC.

Principal Place of Business	Mailing Address
405 SHARON INDUSTRIAL WAY #300 SUWANEE GA 30174	405 SHARON INDUSTRIAL WAY #300 SUWANEE GA 30174

3. Date Incorporated or Qualified: **08/17/1995**

3a. Date of Last Report:

4. FEI Number: **58-1123383** ☐ 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 P.O. Box 1000
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 Suwanee, GA
Zip 24 / Country 25	Zip 29 30174-1000 / Country 30 USA

9. Name and Address of Current Registered Agent

C T 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required before processing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	JENKINS, NESBIT C JR		1.2 NAME	L. Allen Haynes	
STREET ADDRESS	517 MONTEAGLE TRACE		1.3 STREET ADDRESS	Ga Highway 51 North	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		1.4 CITY-ST-ZIP	Homer, GA 30547	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, MILDRED		2.2 NAME		
STREET ADDRESS	517 MONTEAGLE TRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		2.4 CITY-ST-ZIP		
TITLE	VDC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, MICHAEL W		3.2 NAME		
STREET ADDRESS	122 SAINT MARTIN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUWANEE GA 30174		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	300001770093	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-04/05/96--01006--024	
TITLE		☐ DELETE	5.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Michael W. Carroll — January 22, 1996 — 770-271-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-4-96