

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 034 ***150.00

DOCUMENT # F97000005538

1. Entity Name

DEVINEY CONSTRUCTION COMPANY, INC.



Principal Place of Business

P.O. BOX 6717
JACKSON, MS 39282-6717

Mailing Address

P.O. BOX 6717
JACKSON, MS 39282-6717



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0758906

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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
BLACK, RICHARD
1023 DERINEY DRIVE
JACKSON, MS 39212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
SIMS, DAVID
3100 F AVE
GULFPORT, MS 39507

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
LOMAX, DANA D
1023 DEVINEY DRIVE
JACKSON, MS 39212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DEVINEY, W.C. JR.
1023 DEVINEY DR.
JACKSON, MS 39212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DEVINEY, R.B.
1026 DEVINEY DR.
JACKSON, MS 39212

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 exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/08

Daytime Phone #

601-372-3121