

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90088 012 ***150.00

DOCUMENT # F98000006970

1. Entity Name
REA CONTRACTORS, INC.

Principal Place of Business: **604 FLEMING ROAD CORDELE GA 31015**
 Mailing Address: **P O BOX 128 CORDELE GA 31604-2340**

2. Principal Place of Business: **348 Enterprise Dr.**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 2948**
 Suite, Apt. #, etc.

City & State: **Valdosta, GA**
 Zip: **31601** Country: **Lowndes**

City & State: **Valdosta, GA**
 Zip: **31604** Country: **Lowndes**

4. FEI Number: **58-2410528**
 Applied For: Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
 1200 SOUTH FINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GODWIN, MICHAEL H
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015
TITLE	VS <input type="checkbox"/> Delete
NAME	HOLMES, R. R
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015
TITLE	C <input type="checkbox"/> Delete
NAME	REA, WILLIAM J.
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015
TITLE	D <input type="checkbox"/> Delete
NAME	BRUNCH, MARGARET
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015
TITLE	D <input type="checkbox"/> Delete
NAME	HOLMES, RHETT
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015
TITLE	D <input type="checkbox"/> Delete
NAME	MCKNIGHT, DEBRA
STREET ADDRESS	604 FLEMING RD.
CITY-ST-ZIP	CORDELE GA 31015

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	348 Enterprise Dr.
STREET ADDRESS	Valdosta, GA 31601
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes, R. Ryan
STREET ADDRESS	348 Enterprise Dr.
CITY-ST-ZIP	Valdosta, GA 31601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rea, William J., JR.
STREET ADDRESS	348 Enterprise Dr.
CITY-ST-ZIP	Valdosta, GA 31601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruch, Margaret
STREET ADDRESS	348 Enterprise Dr.
CITY-ST-ZIP	Valdosta, GA 31601
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	348 Enterprise Dr.
STREET ADDRESS	Valdosta, GA 31601
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKnight, Deborah
STREET ADDRESS	348 Enterprise Dr.
CITY-ST-ZIP	Valdosta, GA 31601

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REA, JR., Chairman** 1/18/00 (912) 219-8005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)