FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H72741** **(2)**

1. Corporation Name
DYCOM CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
1758 W. SANDERLING LN F. PIERCE FL 34982	1758 W. SANDERLING LN F. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1985
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21: 4127 Fox Run Trail #8
22 Suite, Apt. #, etc.: #8
23 City & State: CINCINNATI, OHIO
24 Zip: 45255
25 Country: CLERMONT

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2733410 ☐ 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

9. Name and Address of Current Registered Agent

BARNES, KENNETH V.
1758 W. SANDERLING LN.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: TROY BARNES
82 Street Address (P.O. Box Number is Not Acceptable): 707 N.W. ARCHER AVE
83:
84 City: PORT ST LUCIE 85 FL Zip Code: 34983

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: Troy Barnes Troy Barnes DATE: 4-20-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	BARNES, KENNETH V.	12 NAME	BARNES, KENNETH V
STREET ADDRESS	1758 W. SANDERLING LN	13 STREET ADDRESS	4127 FOX RUN TRAIL #8
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	CINCINNATI, OHIO 45255
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	BARNES, JOYCE E	22 NAME	BARNES, JOYCE E
STREET ADDRESS	1758 W. SANDERLING LN	23 STREET ADDRESS	4127 FOX RUN TRAIL #8
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	CINCINNATI, OHIO 45255
TITLE	ST	31 TITLE	ST ☒ Change ☐ Addition
NAME	BARNES, KENNETH V	32 NAME	BARNES, KENNETH V
STREET ADDRESS	1758 W. SANDERLING LN	33 STREET ADDRESS	4127 FOX RUN TRIAL #8
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	CINCINNATI, OHIO 45255
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Kenneth V Barnes KENNETH V. BARNES 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #: 561-698-1973

0444400 FP