

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 # H72741 (2)

1. Corporation Name

DYCOM CORPORATION OF FLORIDA



Principal Place of Business

412 FOX RUN TRAIL #8  
CINCINNATI OH 45255  
US

Mailing Address

4127 FOX RUN TRAIL #8  
CINCINNATI OH 45255  
US

3. Date Incorporated or Qualified  
08/23/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 1420 STANLEY RD.

2a. Mailing Address

26 1420 STANLEY RD.

4. FEI Number

59-2733410

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 CINTI. OH.

City & State

28 CINTI. OH.

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 45230

Country

Zip

29 45230

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, TROY  
707 N. W. ARCHER AVENUE  
PORT ST. LUCIE FL 34983

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

Troy D. Barnes

TROY D. BARNES

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME BARNES, KENNETH V.  
STREET ADDRESS 4127 FOX RUN TRAIL #8  
CITY-ST-ZIP CINCINNATI OH

TITLE V ☐ DELETE  
NAME BARNES, JOYCE E  
STREET ADDRESS 4127 FOX RUN TRAIL #8  
CITY-ST-ZIP CINCINNATI OH

TITLE ST ☐ DELETE  
NAME BARNES, KENNETH V  
STREET ADDRESS 4127 FOX RUN TRAIL #8  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1420 STANLEY RD.  
1.4 CITY-ST-ZIP CINCINNATI, OH. 45230

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1420 STANLEY RD.  
2.4 CITY-ST-ZIP CINCINNATI, OH. 45230

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1420 STANLEY RD.  
3.4 CITY-ST-ZIP CINCINNATI, OH. 45230

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

Joyce E. Barnes

4/16/96

513-232-1973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)