File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY . Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR -2 AM 11: 29 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000147** 1a. Principal Place of Business Address GROUND & PIPE TECHNOLOGIES, L.L.C. 1120 PARKER STREET 1120 PARKER STREET MONTGOMERY AL 36108 MONTGOMERY AL 36108 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 04/26/1996 AL Suite, Apt. #, etc. Suite, Apl. #, etc. 4. FEI Number Applied For City & State City & State 63-1164785 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip Zip \$8.75 Additional Fee Required 04/24/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 000002445590--9 PLANTATION FL 33324 03/03/98--01059--017 Sulte, Apt. #, etc. ****188.75 ****188.7S Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) **Business Street Address** Managing Members/Managers City, State and Zip Code 10. Title MGR RT. 6, BOX 244-5 NICHOLS, BRUNSON GANTT AL

MGRM MCINNIS, TIMOTHY N 1120 PARKER STREET MONTGOMERY AL MGRM MCINNIS, JOHN M JR. 1120 PARKER STREET MONTGOMERY AL MGRM MCINNIS, CHARLES R. 1120 PARKER STREET MONTGOMERY AL MORGAN, CHARLES S.FAMILY LIP1120 PARKER STREET MGRM MONTGOMERY AL MGRM PARRISH, STEVAN M. 1120 PARKER STREET MONTGOMERY AL FAMILY LLP 4

11. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02/25/98

334-884-1414