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 FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 99 APR 29 PK 1: 09 1998 DIVISION OF CORPORATIONS FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE FROM TIVES TO THE COURT \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** M9700000015 1a. Principal Place of Business Address W. R. FAIRCHILD CONSTRUCTION COMPANY, LLC HIGHWAY 49 N. HIGHWAY 49 N. HATTIESBURG MS 39402 HATTIESBURG MS 39402 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/15/1997 MS Suite, Apt. #, etc. Suite, Apt. #. etc. 4. FEI Number Applied For City & State City & State Not Applicable 64-0328283 5. Date of Last Report 6. Certificate of Status Desired Country Country Žiρ \$8.75 Additional Fee Required. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name BAKER, JAMES E 1520 LIVE OAK ROAD MONTICELLO FL 32344 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 City 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 rod Agent Accepting Appointment) [NOTE Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM FAIRCHILD, WILEY 100 FAIRLANE DR. HATTIESBURG MS MGRM FAIRCHILD, MARK A 119 DOGWOOD DR. HATTIESBURG MS MGRM FAIRCHILD, JOHN M 1009 LAKESHORE DR. HATTIESBURG MS

11. Ido hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

601-544-1151

attachment with an address.

SIGNATURE: