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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:11

DOCUMENT # P02473 (7)

1. Corporation Name
CAJUN CONTRACTORS, INC.

Principal Place of Business	Mailing Address
PO BOX 104 15131 AIRLINE HIGHWAY BATON ROUGE LA 70821	P.O. BOX 104 15131 AIRLINE HIGHWAY BATON ROUGE LA 70821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1984
3a. Date of Last Report: 03/08/1994
4. FEI Number: 72-0733546 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	GRIGSBY, L. LANE	1.2 NAME		
STREET ADDRESS	19145 W MUIRFIELD CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	70810	
TITLE	VPD	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DUCOTE, JEROME	2.2 NAME		
STREET ADDRESS	18353 PECAN VALLEY CT.	2.3 STREET ADDRESS	17511 Crossing Blvd.	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	70810	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	GRAUGHNARD, MILTON G.	3.2 NAME		
STREET ADDRESS	1867 MARILYN	3.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	70815	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	SEXTON, R. GRAY	4.2 NAME		
STREET ADDRESS	451 FLORIDA STREET #714	4.3 STREET ADDRESS	6513 Perkins Rd.	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	70808	
TITLE	VP	5.1 TITLE		☒ Change ☐ Addition
NAME	ARRIGHI, DAVID H.	5.2 NAME		
STREET ADDRESS	15927 HAYNES BLUFF	5.3 STREET ADDRESS	17701 W. Lakeway Dr.	
CITY-ST-ZIP	BATON ROUGE LA	5.4 CITY-ST-ZIP	70810	
TITLE	VP	6.1 TITLE		☒ Change ☐ Addition
NAME	WICKBOLDT, STEPHEN	6.2 NAME		
STREET ADDRESS	15721 PHILEMON THOMAS	6.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	70810	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton Graughnard Milton Graughnard 1/28/95 504-753-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0074600