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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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	15635 AIRLINE HWY BATON ROUGE LA 70817 US

3. Date Incorporated or Qualified: 06/21/1984
4. FEI Number: 72-0733546 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ 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		
TITLE	PD	☒ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DUCOTE, JEROME		2.2 NAME	John Kenneth Jacob	
STREET ADDRESS	17511 CROSSING BLVD.		2.3 STREET ADDRESS	3391 E. LAKESHORE DR.	
CITY-ST-ZIP	BATON ROUGE LA		2.4 CITY-ST-ZIP	BATON ROUGE LA 70808	
TITLE	STD	☐ DELETE	3.1 TITLE	Executive Vice-President, CFO	☒ Change ☐ Addition
NAME	GRAUGHNARD, MILTON G.		3.2 NAME		
STREET ADDRESS	12459 GOODWOOD BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEXTON, R. GRAY		4.2 NAME		
STREET ADDRESS	6513 PERKINS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WICKBOLDT, STEPHEN		5.2 NAME		
STREET ADDRESS	15721 PHILEMON THOMAS		5.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME			6.2 NAME	MARYLYNN JONES	
STREET ADDRESS			6.3 STREET ADDRESS	622 CHARTER OAK	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BATON ROUGE LA 70810	

14. I 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 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: [signature] Milton Graughnard 5/13/98 504-753-5857

CR2E037 (10/97)