

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 10 AM 9:00

DOCUMENT # P03044 (5)
1. Corporation Name
CAROTHERS & CAROTHERS CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
HWY 7 SOUTH PO DRAWER 687 WATER VALLEY MS 38965-0687

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/15/1984	02/16/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		64-0440391	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		<input type="checkbox"/>	<input type="checkbox"/>
28		33		6. This corporation has liability for intangible tax under s. 199.002, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROTHERS, ARNOLD	1.2 NAME	
STREET ADDRESS	HWY 7 S, PO DRAWER 687	1.3 STREET ADDRESS	
CITY, ST, ZIP	WATER VALLEY MS	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARR, CATHY A	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 237-C	2.3 STREET ADDRESS	
CITY, ST, ZIP	WATER VALLEY MS	2.4 CITY, ST, ZIP	
TITLE	PT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROTHERS, SEAN B.	3.2 NAME	
STREET ADDRESS	WEST LEE ST., EXTENDED	3.3 STREET ADDRESS	
CITY, ST, ZIP	WATER VALLEY MS	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 110.07(3)(b), 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: *Sean B. Carothers* **6/6/95** **601-473-2505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E034 (3/95)