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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 JAN 26 PM 3:57

DOCUMENT # P03045 (2)

1. Corporation Name
CAMIE CONSTRUCTION, CO.

Principal Place of Business	Mailing Address
300 DANIEL BOONE TRAIL P. O. BOX 861 SOUTH ROXANA IL 62087	300 DANIEL BOONE TRAIL P. O. BOX 861 SOUTH ROXANA IL 62087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1984
3a. Date of Last Report: 05/01/1994

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)

4. FEI Number: 37-0997870 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: (Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☐ Change	☐ Addition
NAME	AKERS, LOUIS	12 NAME		
STREET ADDRESS	3026 EDGEWOOD	13 STREET ADDRESS		
CITY-ST-ZIP	ALTON IL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE	☐ Change	☐ Addition
NAME	LUCKETT, SUGI J.	22 NAME		
STREET ADDRESS	RR 1 BOX 179 E	23 STREET ADDRESS		
CITY-ST-ZIP	MT OLIVE IL 62069	24 CITY-ST-ZIP		
TITLE	~~VP~~	31 TITLE	Exec. VP	☒ Change ☐ Addition
NAME	~~GRIGSBY, TIMOTHY G.~~	32 NAME	Akers, James E.	
STREET ADDRESS	~~6 CHAPEL COURT~~	33 STREET ADDRESS	4762 Bohleysville Rd.	
CITY-ST-ZIP	~~COLLINSVILLE, IL 62234~~	34 CITY-ST-ZIP	Waterloo IL 62298	
TITLE	DVP	41 TITLE	☐ Change	☐ Addition
NAME	AKERS, DOROTHY	42 NAME		
STREET ADDRESS	3026 EDGEWOOD	43 STREET ADDRESS		
CITY-ST-ZIP	ALTON IL	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sugi J. Luckett 1/16/95 618-254-5855
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

Sugi J. Luckett

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