FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03285 (4)

1. Corporation Name

DUNN CONSTRUCTION COMPANY, INC. OF MISSISSIPPI

Principal Place of Business	Mailing Address
4 OLD RIVER PLACE JACKSON MS 39202	P.O. BOX 3687 JACKSON MS 39207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/06/1984**
3a. Date of Last Report: **01/26/1994**

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

4. FEI Number: **64-0672200** ☐ 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

CT CORPORATION SYSTEM
6751 W. BROWARD BLVD.
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	COB	11 TITLE		☐ Change ☐ Addition
NAME	FRENCH, J. S M.	12 NAME		
STREET ADDRESS	3900 AIRPORT BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	HARRELL, MICHAEL H	22 NAME		
STREET ADDRESS	1370 OLD HWY. 49S.	23 STREET ADDRESS		
CITY-ST-ZIP	RICHLAND MS	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	DAVIS, J F	32 NAME		
STREET ADDRESS	104 ROCKINGHAM CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	FITZPATICK, TIM	42 NAME		
STREET ADDRESS	1471 NORTH LAKE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39211	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	Delete	☒ Change ☐ Addition
NAME	SMITH, RAYFORD	52 NAME		
STREET ADDRESS	637 RIVERHAVEN CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	HOOVER AL 35244	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	Delete	☒ Change ☐ Addition
NAME	LUKENS, MATTHEW J	62 NAME		
STREET ADDRESS	3977 SPRING VALLEY RD.	63 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35223	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)(k), 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: Michael H. Harrell Michael H. Harrell 4/27/95 601/969-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04P03285 PP