SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P04143** **(4)**

1. Corporation Name
LAUREN CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
1835 SHACKELFORD CT STE. 175 NORCROSS GA 30093 US	1835 SHACKELFORD CT. STE. 175 NORCROSS GA 30093 US

3. Date Incorporated or Qualified: **11/26/1984**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21 901 So 1st
Suite, Apt. #, etc
22
City & State
23 Abilene Tx
Zip
24 79602
Country
25 US

2a. Mailing Address
26 P.O. Box 1761
Suite, Apt. #, etc
27
City & State
28 Abilene Tx
Zip
29 79604-1761
Country
30 US

4. FEI Number: **11-2699316** ☐ 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
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, of new registered agent, if appointed (Only a Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☒ DELETE	1.1 TITLE	ST	☐ Change ☒ Addition
NAME	JENKINS, ELIZABETH		1.2 NAME	Alan Davis	
STREET ADDRESS	1835 SHACKELFORD COURT, STE. 175		1.3 STREET ADDRESS	901 S. 1st	
CITY-ST-ZIP	NORCROSS GA		1.4 CITY-ST-ZIP	Abilene, Tx 79602	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOBBS, JERRY		2.2 NAME		
STREET ADDRESS	1835 SHACKELFORD COURT, STE. 175		2.3 STREET ADDRESS	5845 Live Oak Parkway #B2	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	Norcross, Ga 30093	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WHITENER, CLEVE C.		3.2 NAME		
STREET ADDRESS	1835 SHACKELFORD COURT, STE. 175		3.3 STREET ADDRESS	901 S. 1st	
CITY-ST-ZIP	NORCROSS GA		3.4 CITY-ST-ZIP	Abilene, Tx 79602	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan Davis Alan Davis Sec/Treasurer 6/19/96 915-670-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)