## 2006 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME

## Mar 27, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P06040** 1. Entity Name FRIZZELL CONSTRUCTION COMPANY, INCORPORATED Principal Place of Business Mailing Address 1501 BLUFF CITY HIGHWAY 1501 BLUFF CITY HIGHWAY BRISTOL IN 37620 BRISTOL, TN 37620 CR2E034 (11/05) 02282006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-0644837 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 8. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000481**89**2 711706-80052-Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. INLE PTD NAME FRIZZELL, BEN M. JR. 1624 KING COLLEGE ROAD STREET ADDRESS BRISTOL, TN CITY-ST-ZIP TITLE COOPER, DOUGLAS A. NAME STREET ADDRESS 201 LYNFIELD ROAD BRISTOL, TN CITY-ST-ZIP TITLE FRIZZELL, PATSY B. NAME STREET ADDRESS 1624 KING COLLEGE ROAD DO NOT WRITE CITY-ST-ZIP BRISTOL, TN IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BBE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED