## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

·Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

## MABRY AND HAYNES CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

## **FILED** Jan 30 1998 8:00am Secretary of State



| 3. Date Incorporated or Qualified   12/31/1986     2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For     25   | ALPHARETTA  | GA 30004                                | ALPHARETTA GA 300              |              |        |                | DO NOT WEITE IN THIS S                                  | *BACE             |             |           |  |
|--|---|---|--------------------------------|--------------|--------|----------------|---|-------------------|-------------|-----------|--|
| 2  | บร  |   | บร                             |              |        |                | DO NOT WRITE IN THIS SPACE                              |                   |             |           |  |
| 2. Mailing Address   2. Mailing Address   2. Mailing Address   4. FEI Number   Applied For   |   |   |                                |              |        |                |   |                   |             |           |  |
| Suite Apt #, etc   Suite Apt #,  |   |   |                                |              |        |                |   | <del></del> _     | <del></del> |           |  |
| Suite, Apt. #, etc   | <del></del>   | ace of Business                         | <u>⊢</u>                       | <del>-</del> |        |                |   | <u> </u> -        | <del></del> |           |  |
| City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  As. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.    Yes   No  9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  B2  Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  B3  City Street Address (P.O. Box Number is Not Acceptable)  B4 City  B4 City  B4 City  B5 Zip Code  City State  Composition of Socions 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the Obligations of, Section 607.6502, Florida Statutes.  Signature  NOTE Registered Agent Required whom reventing)  DATE  Cofficers AND DIRECTORS In 12  TITLE  VPS  MABRY, DAVID J.  STREET ADDRESS  CITY-ST-ZP  DAWSONVILLE GA  Lacry St-ZP  DAWSONVILLE GA  Lacry St-ZP  DAWSONVILLE GA  Lacry St-ZP  DAWSONVILLE GA  LACRY ST-ZP  LULLa Carrett Rd.  City-ST-ZP  ALPHARETTA GA  LACRY-ST-ZP  AL |   |   |                                |              |        |                | 58-1075585  | 40.               | ,           |           |  |
| Zip   Country   Zip   Country   String corporation were or has paid the current year inlangible   Personal Property Tax due June 30.   Yes   No  | Suite, Apt.   | V, etc                                  |                                |              |        |                | 1.5 Cartificate at Statue Deciron 197                   |                   |             |           |  |
| Zip  |   |   | City & State                   |              |        |                | 6. Election Campaign Financing \$5.00 May Be            |                   |             |           |  |
| Zip  | 23  |   | 28                             |              |        |                |   |                   |             |           |  |
| 25   |   | Country                                 | Zlp                            | Cou          | ntry   |                | 8. This corporation owes or has paid the cur            | rent yea          | ar Intar    | ngible    |  |
| 9. Name and Address of Current Registered Agent  CT COPPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. Ihe above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and life if apphoable.  NOTE: Registered Agent agreation'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, hyped or printed name of registered agent and life if apphoable.  NOTE: Registered Agent agreative required whon referrating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  VPS  MABRY, DAVID J.  STREET ADDRESS  ROUTE 2 BOX 2498  DAWSONVILLE GA  13. STREET ADDRESS  ADAWSONVILLE GA  14. CITY-ST-ZPP  MARE  MABRY, JANICE  T DELETE  22 NAME  ACCITY-ST-ZPP  ADAWSONVILLE GA  13. TITLE  P DELETE  31. TITLE  P DELETE  31. TITLE  P DELETE  31. TITLE  P DELETE  31. TITLE  P Change  Addition  Addition  HAYNES, JOHNNY R.  12. STREET ADDRESS  ALPHARETTA GA  A | 24  | 25                                      | 29                             | 30           |        |                | · · · · · · · · · · · · · · · · · · ·                   |                   |             |           |  |
| 11. Pursuant to the provisions of Sactions 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prized name of registered agent and little if applicable.   NOTE: Registered Agent agent and little if applicable.   NOTE: Registered Agent signature required when reinstating.   DATE  | <u> </u>  | 9. Name and Address of Currer           | nt Registered Agent            |              |        |                | 10. Name and Address of New Registered A                | Agent             |             |           |  |
| 1200 S. PINE ISLAND ROAD   182   Street Address (P.O. Box Number is Not Acceptable)   183   184   City   FL   185   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 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, and accept the obligations of, Section 607.0502, Florida Statutes.  SIGNATURE   Signature, hyped or printed name of registered agent and life of applicable.   NOTE: Registered Agent signature required whon renetating)   DATE     | CT  | CORPORATION SYSTEM                      |                                |              | 81     | Name           |   |                   |             |           |  |
| PLANTATION FL 33324    83   84   City   FL   85   Zip Code   |   |   |                                | -            |        |                | 111 (DO B ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |                   |             |           |  |
| 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 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 prired name of negistered agent and life if applicable.   |   | • |                                |              |        |                | Address (P.O. Box Number is Not Acceptable)             |                   |             |           |  |
| 11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and title if applicable.  SIGNATURE    Signature, hyped or printed name of registered agent and little if applicable.   NOTE: Registered Agent signature required whon relistabling)   DATE  | Í   |   |                                |              | 83     |                |   |                   |             |           |  |
| SIGNATURE    Signature, Nyped or printed name of registered agent and little if applicable.   NOTE: Registered Agent signature required whon reinstating)   DATE   |   |   |                                |              | 84     | City           | FL  | 85                | Zip Co      | xde       |  |
| SIGNATURE    Signature, Nyped or printed name of registered agent and little if applicable.   NOTE: Registered Agent signature required whon reinstating)   DATE   |   |   |                                |              |        |                |   |                   |             |           |  |
| SIGNATURE    Signature, Nyped or printed name of registered agent and life if appreciable.   NOTE: Registered Agent signature required whon reinstating)   DATE  | 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. |   |                                |              |        |                |   |                   |             |           |  |
| 12. OFFICERS AND DIRECTORS  TITLE  NAME  MABRY, DAVID J.  STREET ADDRESS  GITY-ST-ZIP  DAWSONVILLE GA  TITLE  T  MABRY, JANICE  STREET ADDRESS  ROUTE 2 BOX 2498  DAWSONVILLE GA  1.4 CITY-ST-ZIP  DAWSONVILLE GA  1.4 CITY-ST-ZIP  DAWSONVILLE GA  1.5 TITLE  T  DELETE  STREET ADDRESS  ROUTE 2 BOX 2498  STREET ADDRESS  ROUTE 2 BOX 2498  STREET ADDRESS  ROUTE 2 BOX 2498  STREET ADDRESS  CITY-ST-ZIP  DAWSONVILLE GA  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DAWSONVILLE GA  2.3 STREET ADDRESS  TO 1 Lula Garrett Rd.  STREET ADDRESS  TO 1 Lula Garrett Rd.  CHANGE  Addition  Addition  Change  Addition  Addition  TITLE  P  LORANSE  TITLE  P  LORANSE  TO 5 BETHANY ROAD  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ALPHARETTA GA  DELETE  ALPHARETTA GA  DELETE  1.1 TITLE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  TO 1 Lula Garrett Rd.  CHANGE  Addition  Addition  Addition  Addition  Change  Addition  Change  Addition   | SIGNATURE   |   |                                |              |        |                |   |                   |             |           |  |
| MABRY, DAVID J.   DELETE   1.1 TITLE   MABRY, DAVID J.   |   |   |                                |              | Agen   | it signature   |   | DIREC             | Tripe       | IN 12     |  |
| MABRY, DAVID J. STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA  TITLE T DAWSONVILLE GA  TOLUTE 2 BOX 2498 1.3 STREET ADDRESS TO 1 Lula Garrett Rd.  1.4 CITY-ST-ZIP  TITLE T DAWSONVILLE GA 1.4 CITY-ST-ZIP  DAWSONVILLE GA 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE P DAWSONVILLE GA 2.4 CITY-ST-ZIP  TITLE P DAYSONVILLE GA 3.1 TITLE P Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 1.2 DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE |   |   |                                |              | 15     | -              |   |                   |             |           |  |
| STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA 1.4 CITY-ST-ZIP TITLE T MABRY, JANICE NAME MABRY, JANICE STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE P ACTION AME MARY MABRY, JOHNNY R. 1.3 STREET ADDRESS ALPHARETTA GA 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 701 Lula Garrett Rd.  2.4 CITY-ST-ZIP Addition ALPHARETTA GA ALPHARETTA GA ALPHARETTA GA ALPHARETTA GA Addition   | i i   |   |                                |              |        |                |   | 2 <u>4.24</u> UIR | -ige        |           |  |
| DAWSONVILLE GA   |   |   |                                |              | _      |                |   |                   |             |           |  |
| TITLE  | STREET ADDRESS  |   |                                |              |        |                | 701 Lula Garrett Rd.                                    |                   |             |           |  |
| MABRY, JANICE STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA  DELETE NAME HAYNES, JOHNNY R. STREET ADDRESS CITY-ST-ZIP TITLE ALPHARETTA GA  DELETE 4,1 TITLE VDM  ABRY, JANICE 2,2 NAME 2,3 STREET ADDRESS 701 Lula Garrett Rd.  Change Addition ALPHARETTA GA  DELETE 4,1 TITLE  DELETE ADDRESS ALPHARETTA GA Addition  | CITY - ST - ZIP   | DAWSONVILLE GA                          |                                |              |        | -ZIP           |   |                   |             |           |  |
| STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA 2.3 STREET ADDRESS CITY-ST-ZIP DAWSONVILLE GA 2.4 CITY-ST-ZIP TITLE P STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 2.3 STREET ADDRESS 701 Lula Garrett Rd. 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE VDM Change Addition   | TITLE   | Т                                       | T DETELE                       | 2.1 ሸበ       | LE     |                | :   | thai المحية       | age         | Addition  |  |
| CITY-ST-ZIP  | NAME  | MABRY, JANICE                           |                                | 2.2 NA       | ME     |                |   |                   |             |           |  |
| DAWSONVILLE GA   2,4 CITY-ST-ZIP   DAWSONVILLE GA   2,4 CITY-ST-ZIP   Change   Addition  | STREET ADDRESS  | ROUTE 2 BOX 2498                        |                                | 2.3 ST       | reet A | NODRESS        | 701 Lula Garrett Rd.                                    |                   |             |           |  |
| NAME HAYNES, JOHNNY R.  STREET ADDRESS 1705 BETHANY ROAD 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE VDM Change   | CITY-ST-ZIP   | DAWSONVILLE GA                          |                                | 2. 4 CI      | TY-\$1 | Γ- <b>2</b> ΙΡ |   |                   |             |           |  |
| STREET ADDRESS 1705 BETHANY ROAD 3.3 STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE VDM Change Addition   | TITLE   | P                                       | DELETE                         | 3.1 TIT      | LE     |                |   | Cha               | nge         | Addition  |  |
| CITY-ST-ZIP  TITLE  ALPHARETTA GA  3.4. CITY-ST-ZIP  DELETE  4.1 TITLE  VDM  Change  Addition  | NAME  | HAYNES, JOHNNY R.                       |                                | 3.2 NA       | ME     |                |   |                   |             |           |  |
| TITLE VDM Change Addition  | STREET ADDRESS  | 1705 BETHANY ROAD                       |                                | 3.3 ST       | REET A | ADDRESS        |   |                   |             |           |  |
| TITLE VDM Change Addition  | CITY-ST-ZIP   | ALPHARETTA GA                           |                                | 3.4. CI      | TY-ST  |                |   |                   |             |           |  |
| NAME Fisher, Marvin L.   |   |   | ☐ DELETE                       | 4,1 7.1      | 'LE    |                | VDM   | Chai              | nge         | Addition  |  |
|  | NAME  |   |                                | 4, 2 N       | AME    |                | Fisher, Marvin L.                                       |                   |             |           |  |
| STREET ADDRESS 9750 Kings Rd.  | STREET ADDRESS  |   |                                | 4.3 ST       | REET A | ADDRESS        |   |                   |             |           |  |
| CITY-ST-ZIP Gainesville, GA 30506  |   |   |                                | 4.4 CF       | Y-ST   | - ZiP          |   |                   |             | -         |  |
| TITLE DELETE 5.1 TITLE Change Addition   |   |   | DELETE                         |              |        |                |   | Chai              | nge         | Addition  |  |
| NAME 5.2 NAME  |   |   |                                |              |        |                |   |                   |             | 1         |  |
| STREET ADDRESS 5.3 STREET ADDRESS .  |   |   |                                |              |        | ADDRESS        |   |                   |             | ļ         |  |
|  |   |   |                                |              |        |                |   |                   |             |           |  |
| CL Addition  |   |   | DELETE                         |              |        | -117           |   | Chai              | nae         | Addition  |  |
|  |   |   |                                |              |        |                |   |                   |             |           |  |
| NAME 6.2 NAME  |   |   |                                |              |        |                |   |                   |             | 1         |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |   |   |                                |              |        |                |   |                   |             | j         |  |
| CITY-ST-ZIP  6.4 CITY-ST-ZIP  14.   hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. ! further certify that the information  | CITY-ST-ZIP   | artify that the information cumuliad w  | ith this fiting does not qual- | 6.4 CII      | Y-ST   | -ZIP           | d in Section 119 07(3)(i) Florida Statutes ! further ce | rtify the         | t the ir    | formation |  |

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