

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P12772 ✓

1. Corporation Name

MABRY AND HAYNES CONSTRUCTION COMPANY

Principal Place of Business

1700 MC FARLAND/ 400 DR
ALPHARETTA GA 30004
US

Mailing Address

1700 MC FARLAND/ 400 DR
ALPHARETTA GA 30004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1986

4. FEI Number

58-1075585

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1855 McFarland 400 Dr.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26 1855 McFarland 400 Dr.

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE
NAME MABRY, DAVID J.
STREET ADDRESS 701 LULA GARRETT RD
CITY-ST-ZIP DAWSONVILLE GA

T ☒ DELETE
NAME MABRY, JANICE
STREET ADDRESS 701 LULA GARRETT RD
CITY-ST-ZIP DAWSONVILLE GA

P ☐ DELETE
NAME HAYNES, JOHNNY R.
STREET ADDRESS 1705 BETHANY ROAD
CITY-ST-ZIP ALPHARETTA GA

VDM ☒ DELETE
NAME FISHER, MARVIN L
STREET ADDRESS 9750 KINGS RD
CITY-ST-ZIP GAINESVILLE GA 30506

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Mabry, David J
1.3 STREET ADDRESS 701 Lula Garrett Rd
1.4 CITY-ST-ZIP Dawsonville, GA 30534

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME Roller, Thomas
2.3 STREET ADDRESS 1100 Circle 75 Parkway
2.4 CITY-ST-ZIP Atlanta, GA 30339

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME Haynes, Johnny R.
3.3 STREET ADDRESS 1705 Bethany Road
3.4 CITY-ST-ZIP Alpharetta, GA 30004

4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Garner, Kent
4.3 STREET ADDRESS 1100 Circle 75 Parkway
4.4 CITY-ST-ZIP Atlanta, GA 30339

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

John R. Fisher

07-08-99 (770) 475 8455

Date

Daytime Phone #

CR2E034 (5/99)