

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:07

DOCUMENT # P13582

(2)

1. Corporation Name

BALFOUR BEATTY INCORPORATED

Principal Place of Business

ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. #1670
MIAMI FL 33131
US

Mailing Address

ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. #1670
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

52-1454968

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

2. Principal Place of Business

21 999 Peachtree Street, N.E.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Atlanta, Georgia

Zip

24 30309

Country

25 USA

2a. Mailing Address

26 999 Peachtree Street, N.E.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Atlanta, Georgia

Zip

29 30309

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CURL, RICHARD L.
STREET ADDRESS 1186 WHISPERING OAKS
CITY-ST-ZIP DESOTO TE

TITLE S
NAME NIKONOVICH-KAHN, RICHARD
STREET ADDRESS 1922 COLLARD DRIVE, NW
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME MOYNIHAN, JAMES J.
STREET ADDRESS 30 CAMDEN RD, N.E.
CITY-ST-ZIP ATLANTA GA

TITLE VD
NAME JONES, KEITH R.
STREET ADDRESS 628 VERONA PLACE
CITY-ST-ZIP FT. LAUD. FL

TITLE VD
NAME FOSTER, SIMON R.
STREET ADDRESS 2881 ALPINE ROAD
CITY-ST-ZIP ATLANTA GA

TITLE TD
NAME CALVERT, ANDREW R.J.
STREET ADDRESS 3885 COCO GROVE AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Curl, Richard L.
1.3 STREET ADDRESS 4235 Fairways Villa Drive
1.4 CITY-ST-ZIP Alpharetta, GA 30202

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Cichanski, James B.
2.3 STREET ADDRESS 805 Moss Creek Plantation
2.4 CITY-ST-ZIP Duluth, GA 30316

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Mason, Peter J.
4.3 STREET ADDRESS One Angel Square, Torrens Street
4.4 CITY-ST-ZIP London, England EC1V 1SX

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

6.1 TITLE TD ☒ Change ☐ Addition
6.2 NAME Calvert, Andrew R. J.
6.3 STREET ADDRESS 1821 Lakehurst Court, S.E.
6.4 CITY-ST-ZIP Smyrna, GA 30080

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 110.07(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 and, only, that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if removed, or on an attachment with an address.

SIGNATURE:

James B. Cichanski 3/6/95

(404) 875-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number