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

PROFIT CORPORATION



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

ANNUAL REPOR
1996

DOCUMENT # 1. Corporation Name P13857

(8)

	COLD	アカスクラ	TORS.	INIA
UUI.	CUR	I MAL .	IUMS.	INC.

CDI C	ONTRACTORS, INC.					
Principal Place	of Business	Mailing Address			ı sanısan şêr çında tiliki ililik ililik	ı 400ı Basal Oloki Ölüki Bidil Sasal Aldiğ 1881
3000 CANTRELL P.O. BOX 686 LITTLE ROCK AR 72203		3000 CANTRELL P.O. BOX 686 LITTLE ROCK AR 72203				
					3. Date Incorporated or Qualified 03/31/1987	3a. Date of Last Report 06/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			71-0645378	Not Applicable
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State)	Crty & State			Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	S5.00 May Be Added to Fees
Ziρ	Gountry	Zip	Country		8. This corporation has liability for in	
24	25	29	30		Florida Statutes Yes	
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Re	egistered Agent
CT CO	RPORATION SYSTEM		[81	Name		
	. PINE ISLAND ROAD		82	Street Addre	ss (P.O. Box Number is Not Acceptable	е)
	ATION FL 33324		83			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ļ			
			84	City		El 85 Zip Code
SIGNATURE _			atures, the above-i iorized by the corp utes. (NOTE: Registered Ager		tion submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
12.		ND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFK	
TITLE	PC	☐ DELETE	1 1 THILE	CE	O, Chairman of Board	Change Addition
NAME	CLARK, WILLIAM E.		1.2 NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	3000 CANTRELL		1.3 STREET	ADDRESS		
CITY - \$1 - ZIP	LITTLE ROCK AR		1.4 CITY - S			
TIFLE	ST CONTROL	DELETE	2 1 TITLE		e-pregident	Change Addition
NAME	WRIGHT, STEVEN G. 3000 CANTRELL		2.2 NAME		via bay	
STREET ADDRESS	LITTLE ROCK AR		23 STREET	7 1	ed Confred	
CHY-ST ZIP THILE	D D	□ DELETE	24 CITY-S 3 1 TITLE		He ROCK, MR 72202	
NAME	DILLARD, ALEX	[] beter	3 2 NAME		ector	Change Addition
STHEET ADDRESS	900 W. CAPITOL		3 3 STREET		mes Freeman 10 Countrell	
CITY ST-ZIP	LITTLE ROCK AR		3.4 CITY - S	[37.]	HE ROCK, AR 72202	
TILE	V	DELETE	4. 1 TITLE		-President	Change Addition
NAME	WHEELER, KEVIN M.		4.2 NAME	0.0	ndu Self	
STHEET ADDRESS	3000 CANTRELL		4.3 STREET	ADDRESS 30	on Cantrell Rd.	•
CITY - STI ZIP	LITTLE ROCK AR		4.4 CITY - S	T-ZIP	He Rock, AR 72202	
TITLE	V	DELFTE	5 1 TITLE		ndy Self ndy Cantrell Rd. He Rock, AR 72202 n Burford	Change Addition
NAME	BURFOLD, JIM		5 2 NAME	Jin	n Burford	
STREET ADDRESS	3000 CANTRELL ROAD		53 STREET	ADDRESS	•	
C TY-S1-ZIP	LITTLE ROCK AR		54 City-S			
TITLE	V	DELETE	6 1 TITLE	Pro	esident	Change Addition
NAM:	GARRISON, E LLOYD		6.2 NAME			
STREET ADDRESS	3000 CANTRELL		63 STREET	ADDRESS		
CHTY - ST - ZIF	LITTLE ROACK AR		6.4 CITY-S	7-ZIP		

CITY - ST - ZIF 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 cath; 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:

IGNING OFFICER OR DIRECTOR

2/20/94

(601)446-4300 Deytime Phone #