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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:38

DOCUMENT # **P14626** **(6)**

1. Corporation Name
BRASFIELD & GORRIE, INC.

Principal Place of Business	Mailing Address
729 SOUTH 30TH STREET P.O. BOX 10383 BIRMINGHAM AL 35233-2907	729 SOUTH 30TH STREET P.O. BOX 10383 BIRMINGHAM AL 35233-2907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **63-0494223** ☐ 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

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	GORRIE, M. M.	12 NAME	
STREET ADDRESS	54 COUNTRY CLUB BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	DARNELL, JOHN P	22 NAME	DARNALL
STREET ADDRESS	16 PINE CREST ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	LOVE, PHILLIP	32 NAME	
STREET ADDRESS	252 WESTCHESTER DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	HARBISON, JAMES C	42 NAME	
STREET ADDRESS	7073 MOUNTAIN VIEW DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PINSON AL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	POWELL, IMOGENE	52 NAME	
STREET ADDRESS	729 SOUTH 30TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Imogene Powell Imogene Powell, Secretary 3/23/95 205/328-4000
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (DAYTIME PHONE #)

0466376 FP