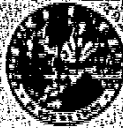


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 9:44

DOCUMENT # P17426 (8)

1. Corporation Name

CONSTRUCTION MATERIALS AND EQUIPMENT, INC.

Principal Place of Business

18909 HIGHLAND ROAD
P.O. BOX 4088
BATON ROUGE LA 70821

Mailing Address

18909 HIGHLAND ROAD
P.O. BOX 4088
BATON ROUGE LA 70821

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1987

3a. Date of Last Report

02/02/1994

4. FEI Number

72-0444898

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

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

NAME

STREET ADDRESS

CITY- ST- ZIP

VD

FREEMAN, LAMER

18909 HIGHLAND RD.

BATON ROUGE LA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

CD

PRICE, BOBBIE J.

18909 HIGHLAND RD.

BATON ROUGE LA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PD

FREEMAN, TOM

18909 HIGHLAND RD.

BATON ROUGE LA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

T

MACIASZ, DENNIS M.

18909 HIGHLAND RD.

BATON ROUGE LA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VD

HUGHES, DEAN

18909 HIGHLAND RD

BATON ROUGE LA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VD

AINSWORTH, CHARLES

18909 HIGHLAND RD

BATON ROUGE LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

James M. ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)