

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P17688** (3)

1. Corporation Name

CHEROKEE CONTRACTING, INC.



Principal Place of Business

Mailing Address

ROUTE 2 BOX 2265
OLD HILL MILLS ROAD
CORNELIA GA 30531

ROUTE 2 BOX 2265
OLD HILL MILLS ROAD
CORNELIA GA 30531

2. Principal Place of Business

2a. Mailing Address

21 P. O. BOX 267

26 P. O. BOX 267

State, Apt. #, etc.

22 212 HILLS MILL ROAD

27 212 HILLS MILL ROAD

City & State

23 CORNELIA, GEORGIA

28 CORNELIA, GEORGIA

Zip

Country

24 30531

25 USA

29 30531

30 USA

9. Name and Address of Current Registered Agent

HARRIS, RONALD W.
1145 FAIRWAY DR.
DUNEDIN FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

01/19/1988

3a. Date of Last Report

03/21/1995

4. FEI Number

58-1500964

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

10. Name and Address of New Registered Agent

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 of Registered Agent or Designated Agent

Signature of Registered Agent or Designated Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FAIN, PHILLIP ROBERT	
STREET ADDRESS	RT. 2, BOX 2262	
CITY-STATE-ZIP	CORNELIA GA	
TITLE	STD	☐ DELETE
NAME	FAIN, BETTY JANE	
STREET ADDRESS	RT. 2, BOX 2262	
CITY-STATE-ZIP	CORNELIA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 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:

Betty J. Fain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

DATE

(706)778-5030

PHONE NUMBER

CR2E034 (12/95)