

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P19368 (0)  
1. Corporation Name:  
BRASFIELD & GORRIE GENERAL CONTRACTOR, INC.



Principal Place of Business Mailing Address  
729 SOUTH 30TH STREET 729 SOUTH 30TH STREET  
BIRMINGHAM AL 35233-2907 BIRMINGHAM AL 35233-2907

3. Date Incorporated or Qualified 05/24/1988 3a. Date of Last Report 02/16/1996  
4. FEI Number 63-0978527 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DARNALL, JOHN P			22 NAME			
STREET ADDRESS	16 PINE CREST ROAD			23 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			24 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOVE, PHILIP			32 NAME			
STREET ADDRESS	1772 WINEWOOD ROAD			33 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			34 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HARBISON, JAMES C			4.2 NAME			
STREET ADDRESS	7073 MOUNTAIN VIEW DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PINSON AL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GORRIE, JAMES M			6.2 NAME			
STREET ADDRESS	906 CRESTVIEW DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: *James Gorrie* M. James Gorrie 1-27-97 205/328-4000  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)