

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P23808 (9)

1. Corporation Name

U.S. CONTRACTORS, INC.



Principal Place of Business

622 COMMERCE STREET
CLUTE TX 77531

Mailing Address

622 COMMERCE STREET
CLUTE TX 77531

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

74-1659656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MONICAL, HAROLD
STREET ADDRESS 103 CHERRYWOOD
CITY-ST-ZIP LAKE JACKSON TX

1.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MCINTYRE, WILLIAM
STREET ADDRESS 2 BAYOU ROAD
CITY-ST-ZIP LAKE JACKSON TX

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME SPEED, CHARLENE, CAYER
STREET ADDRESS 12 SHERWOOD
CITY-ST-ZIP CLUTE TX

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME MONICAL, ROBERT
STREET ADDRESS 135 ARROWWOOD
CITY-ST-ZIP LAKE JACKSON TX

4.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MONICAL, LYNN
STREET ADDRESS 317 TIMBERCREEK
CITY-ST-ZIP LAKE JACKSON TX

5.1 TITLE PRESIDENT ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-96 409/265-7451

CR2E034 (12/95)