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

PROFIT CORPORATION ANNUAL REPORT



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

1. Corporation	VIEN I # P337 Name CONSTRUCTION OF G	` '					
U OX IVI	CONSTRUCTION OF G	EUNGIA, INU.					
Principal Place of Business		Mailing Address	Mailing Address		A COMPLEMENT HAND BEING HEITE COMPLETENCE	,80 1091 01017 91911 0301	'N MIRST MEDRE MINET INNT
P.O. BOX 669 WASHINGTON GA 30673		P.O. BOX 669 WASHINGTON GA 30673					
					3. Date incorporated or Qualified 04/29/1991	3a. Date of La 01/24	ast Report 1/1 995
2. Principal Pla	ice of Business	2a. Mailing Address 26	2a. Malfing Address 26		4. FEI Number 58-1028356		Applied For Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	1 - 4	3.75 Additional Fee Regulred
City & State	······································	City & State	City & State		6. Election Campaign Financing	5	5.00 May Be
23] Zip	Country	28	30		Trust Fund Contribution 8. This corporation has liability for	intangible tax und	Added to Fees der s 199.032,
<u>!</u> 4]	25 S. Nome and Address of Cur	29			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Cur	rent Hegistered Agent		II Name	10. Name and Address of New I	Registered Agen	<u> </u>
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324					ress (P.O. Box Number is Not Acceptal	ble)	
			8	3			
. —			8	I4 City	1.	FL 85	Zip Code
or registere familiar with SIGNATURE	od agent, or both, in the State of F h, and accept the obligations of, S Signature, typed or printed name of registered a	forida. Such change was authori, ection 607.0505, Florida Statute:	zed by the co s.	e-named corpo rporation's boa gent signature require		DOINTMENT AS régis	tered agent. I am
12.		AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF		
THEF	CV	☐ DELETE	1. 1 T(T)	i	• :	☐ Cha	ange 🔲 Addition
NAMI SU SU LABSERSES	DENARD, O.A., JR.		1.2 NAM		•		
STREET ADDRESS	305 DANBURG RD			EE1 ADDRESS			
CHY-ST-ZIP DILE	Washington GA DP	DELETE 2		- ST- ZIP		Cha	ange Addition
NAMÉ	DENARD, O.D.						ange Apprilian
STREET ADDRESS	101 TIGNALL RD.		2.2 NAM 2.3 STRE	ET ADDRESS			
CDY-ST-ZiP	WASHINGTON GA		24 CITY		•		
THUE			3. 1 TITL	···		☐ Cha	ange Addition
NAME	DENARD, M.P.		3 2 NAM	E	. S		
STREET ADDRESS	305 DANBURG RD		3 3 STR	ÉET ADDRESS			
CI1Y - S1 - ZIP	Washington Ga			- ST- ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4. 1 TITL		•	☐ Cha	ange 🔲 Addition
NAM(4.2 NAM		-		
STREET ADDRESS			4.3 STREET ADDRESS				
Coly-S1-Ziff Title		DELETE	4.4 CITY - ST - ZIP			Cha	ange Addition
NAME		Court	5. 1 TITLE 5.2 NAME				nige [] Appaidit
STREET ADDRESS				ET ADDRESS			
City St-ZiP				-ST-ZIP			
TUISE		☐ DELETE	6 1 TITL			Cha	ange Addition
NAME			6.2 NAM	'E		—	•
STREET ADDRESS			6.3 STRS	EFT ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
14. I do hereby	certify that the information suppli	ed with this filing is voluntarily fun	nished and ok	oes not qualify t	for the exemption stated in Section 119	9.07(3)(k), Florida S	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: O.A. Denas J.

SIGNATURE and TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

706 678-7720

Daytima Phone #

CR2E034 (12/95)