

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

FINA

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34913** (4)
1. Corporation Name
CONSTRUCTION DEVELOPERS, INCORPORATED



Principal Place of Business P.O. BOX 486 LITTLE ROCK AR 72203-0486	Mailing Address P.O. BOX 486 LITTLE ROCK AR 72203-0486
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3. Date Incorporated or Qualified 08/01/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 71-0409516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	25. Country
29. Zip	30. Country

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
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, WILLIAM, II	1.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, ALEX	2.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, JOSEPH W.	3.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	3.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARR, JAMES E., JR.	4.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	4.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JOHN	5.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JAMES I.	6.2 NAME	
STREET ADDRESS	1600 CANTRELL ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	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: SIGNATURE REQUIRED 4/29/97 501-376-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Construction Developers, Incorporated
Florida Corporation Annual Report
Officers & Directors
1997

12.	OFFICERS AND DIRECTORS
7.1 TITLE	V/S
7.2 NAME	Nelson, Steven, K.
7.3 ADDRESS	1600 Cantrell Road
7.4 CITY, STATE, ZIP	Little Rock, Arkansas 72203