FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37060** **(1)**

1. Corporation Name
GREAT PYRAMID CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
1615 SHOLAR AVENUE CHATTANOOGA TN 37406	1615 SHOLAR AVENUE CHATTANOOGA TN 37406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1992**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **62-1472930** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
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
(If changing registered agent, registered agent must sign above) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	BRUELL, MONTY R.	12 NAME		
STREET ADDRESS	1615 SHOLAR AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	HUDSON, STEVEN T.	22 NAME		
STREET ADDRESS	1615 SHOLAR AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	SECRETARY	XX Change ☐ Addition
NAME	BROCK, MRS. MERLE C.	32 NAME	WANDA PADGETT	
STREET ADDRESS	1615 SHOLAR AVENUE	33 STREET ADDRESS	1615 SHOLAR AVE	
CITY-ST-ZIP	CHATTANOOGA TN	34 CITY-ST-ZIP	CHATTANOOGA TN 37406	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(i), Florida Statutes. I further certify that the 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 of changed, or on an attachment with an address.

SIGNATURE: Wanda Padgett **WANDA PADGETT SECRETARY 01-27-95 615 624-0710**
SIGNATURE AND TYPED OR PRINTED NAME OF SOLE OFFICER OR DIRECTOR — Date — Daytime Phone #

0487871 FN