FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P40989 (6)

1. Corporate Name
TULLY CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
127-50 NORTHERN BLVD. FLUSHING NY 11368	127-50 NORTHERN BLVD. FLUSHING NY 11368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	11-2493726	Applied For ☐ Not Applicable ☐
Suite Apt. # or P.O. Box 22	Suite Apt. # or P.O. Box 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP / County 24 / 25	ZIP / County 29 / 30	8. This corporation has liability for intangible tax under Ch. 199.032 Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301	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 Section 607.1007, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITION, CHANGE, OR DELETION OF OFFICER AND DIRECTOR DATA
Title	PCD	☐ Change ☐ Addition
Name	TULLY, KENNETH	
Street Address	59 COLONIAL DRIVE	
City-State-Zip	PLANDOME NY	
Title	VSD	☐ Change ☐ Addition
Name	TULLY, PETER K.	
Street Address	158 BERRY HILL	
City-State-Zip	SYOSSET NY	
Title	T	☐ Change ☐ Addition
Name	IRWIN, HARRY C.	
Street Address	3 LYDIA LANE	
City-State-Zip	GARDEN CITY NY	
Title	D	☐ Change ☐ Addition
Name	TULLY, THOMAS	
Street Address	18 EVON DRIVE	
City-State-Zip	SYOSSET NY	
Title	D	☐ Change ☐ Addition
Name	TULLY, KENNETH W.	
Street Address	28 MILLER BLVD.	
City-State-Zip	SYOSSET NY	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I further certify that I am familiar with and authorized by Section 607.193, Florida Statutes, to execute this report. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the corporation 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 above, or on an attachment with an address.

SIGNATURE: [redacted] 5/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0478431 FP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P41039** **(9)**

1. Corporation Name

MARTIN SURVEY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
106 S MAIN STE D WOODSTOCK GA 30188 US	106 S MAIN STE D WOODSTOCK GA 30188 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 41-1455840 ☐ 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

MALONE, WILLIAM C. G.
4945 HIGHWAY 273
GRACEVILLE FL 32440

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 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, GARY D.	12 NAME	
STREET ADDRESS	3929 MAXANNE CT.	13 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	D/S/T ☒ Change ☐ Addition
NAME	MARTIN, SHARON R.	22 NAME	
STREET ADDRESS	3929 MAXANNE CT.	23 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	24 CITY-ST-ZIP	
TITLE		31 TITLE	D/V ☐ Change ☒ Addition
NAME		32 NAME	CARRIE L. MODICA
STREET ADDRESS		33 STREET ADDRESS	2074 LAUREL COVE
CITY-ST-ZIP		34 CITY-ST-ZIP	BALL GROUND, GA. 30107
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 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature], GARY D. MARTIN, PRES. 5/18/95 (404)924-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0309859 FP