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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000103244 (5)

1. Corporation Name:
GREAT SOUTHERN DEMOLITION, INC.



Principal Place of Business Mailing Address
30 BERLIN CT 30 Berlin Ct 30 BERLIN CT 30 Berlin Ct
CRAWFORDVILLE FL 32327 Crawfordville, FL CRAWFORDVILLE FL 32327-5856 Crawfordville, FL
32327 32327

3. Date Incorporated or Qualified 12/24/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3416417 Applied For Not Applicable

21 30 Berlin Ct 26 30 Berlin Ct 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State Crawfordville, FL 28 City & State Crawfordville, FL 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 32327 25 Country Wakulla 29 Zip 32327 30 Country Wakulla 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BARNES, EMILE D 30 BERLIN CT CRAWFORDVILLE FL 32327 81 Name Barnes, Emile D 82 Street Address (P.O. Box Number is Not Acceptable) 30 Berlin Ct

83 84 City Crawfordville, FL 85 Zip Code 32327

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 NAME DELETE 1.1 TITLE P Emile D. Barnes, III 1.2 NAME 30 Berlin Ct 1.3 STREET ADDRESS Crawfordville, FL 32327 1.4 CITY-ST-ZIP

TITLE NAME DELETE 2.1 TITLE V Johnathan L. Thomas 2.2 NAME 2509 Mayfair 2.3 STREET ADDRESS Tallahassee, FL 32303 2.4 CITY-ST-ZIP

TITLE NAME DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE NAME DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE NAME DELETE 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

TITLE NAME DELETE 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

TITLE NAME DELETE 9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

TITLE NAME DELETE 10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

TITLE NAME DELETE 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 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: Emile D. Barnes, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000616

CR2E034 (9/96)