

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S38668** (7)
1. Corporation Name
SOUTHERN CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~WORK ADDRESS~~
~~DALLAS TX 75244~~
~~XXXXXXXXXX~~

~~1001 BELTLINE RD. STE 355~~
~~DALLAS TX 75244~~
~~XXXXXXXXXX~~



2. Principal Place of Business
21 **3939 Beltline Rd. Ste 355**
Suite, Apt. #, etc.
22
City & State
23 **Dallas, TX**
Zip Country
24 **75244** 25
2a. Mailing Address
26 **3939 Beltline Rd., Ste 355**
Suite, Apt. #, etc.
27
City & State
28 **Dallas, TX**
Zip Country
29 **75244** 30

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **04/23/1996**
4. FEI Number **75-2341403** 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

10. Name and Address of New Registered Agent

**GOLDEN, ROBERT A.
5444 BAY CENTER DR.
SUITE 224
TAMPA FL 33609**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	HANCOCK, JAMES H.	3211 SQUIRESWOOD DR.	CARROLLTON TX	<input type="checkbox"/>
D	COLBY, ROBERT O., II	556 FARMBROOK TRAIL	KENNESAW GA	<input type="checkbox"/>
P	HANCOCK, JAMES H.	3211 SQUIRESWOOD DRIVE	CARROLLTON TX	<input type="checkbox"/>
V	COLBY, ROBERT O., II	556 FARMBROOK TRAIL	KENNESAW GA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 in this attachment with an address.

SIGNATURE: *James H. Hancock* **James H. Hancock**
President

4/14/97

972/241-4367

CR2E034 (9/96)