

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 JUN 23 11:10:15
 STATE OF FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Martham
 Secretary of State
 Division of Corporations

DOCUMENT # **597036** (3)
 ABC CUTTING CONTRACTORS OF ATLANTA, INC.

Principal Office of Business: **2001 ANDREWS AVENUE POMPANO BEACH FL 33069**
 Mailing Address: **2001 ANDREWS AVENUE POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or latest: **12/12/1978** 3a. Date of Last Report: **03/14/1994**
 4. FEI Number: **59-1732467** Apples? 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
 7. This corporation is presently in compliance for under § 199.009, Florida Statutes: Yes No

2. Principal Office of Business: 2a. Mailing Address
 21. State, Apt. # etc. 26. State, Apt. # etc.
 22. City & State 27. City & State
 23. City & State 28. City & State
 24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent
**BULLY, BRAD
 BROWARD FINANCIAL CTR, STE 460
 500 E BROWARD BLVD
 FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent
 B1. Name
 B2. Street Address (P.O. Box Number is Not Applicable)
 B3.
 B4. City
 B5. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0802 and 607.1908, Florida Statutes, this above named corporation certifies this statement for the purposes 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 607.0805, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME: PD MCCOY, LARRY W.	STREET ADDRESS: 2001 ANDREWS AVENUE POMPANO BEACH FL	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ST MCCOY, FAITH	STREET ADDRESS: 2001 ANDREWS AVENUE POMPANO BEACH FL	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: V MCCOY, TERRY	STREET ADDRESS: 2001 ANDREWS AVENUE POMPANO BEACH FL	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	STREET ADDRESS: _____	7. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 199.001(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of the corporation of the manner in which it complies with this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2, or Block 3, or Block 4, or an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR