

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:28

DOCUMENT # 855377 (8)

1. Corporation Name
FERGUSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
618 BLAND BLVD PO BOX 2778 NEWPORT NEWS VA 23602	618 BLAND BLVD PO BOX 2778 NEWPORT NEWS VA 23602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/31/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 54-1211771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PEEBLES, DAVID L.
STREET ADDRESS	LISBURNE
CITY-ST-ZIP	ORDINARY VA 23131
TITLE	PD
NAME	BANKS, CHARLES A
STREET ADDRESS	WHITEHALL FARM
CITY-ST-ZIP	ZANONI VA 23191
TITLE	VD
NAME	THOMAS, JAMES B., JR.
STREET ADDRESS	905 RIVER RD
CITY-ST-ZIP	NEWPORT NEWS VA 23601
TITLE	D
NAME	SCHELL, GEORGE R.
STREET ADDRESS	4517 BOB JONES DR
CITY-ST-ZIP	VIRGINIA BEACH VA 23458
TITLE	S
NAME	HALL, TERRY E
STREET ADDRESS	108 PORT COVE
CITY-ST-ZIP	YORKTOWN VA 23693
TITLE	VT
NAME	MITCHELL, STEWART P.
STREET ADDRESS	4 LITTLE BLUFF RD
CITY-ST-ZIP	NEWPORT NEWS VA 23606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	CD Dibben, David A.
1.3 STREET ADDRESS	407 Walsing Dr.
1.4 CITY-ST-ZIP	Richmond, Va. 23229
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(4), 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, as changed, or on an attachment with such name.

SIGNATURE: Stewart P. Mitchell 1/24/95 804-874-7795

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date License #