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Apr 24 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 # 855377 (8)  
1. Corporation Name  
FERGUSON ENTERPRISES, INC.



Principal Place of Business: 618 BLAND BLVD, PO BOX 2778, NEWPORT NEWS VA 23602  
Mailing Address: 618 BLAND BLVD, PO BOX 2778, NEWPORT NEWS VA 23602-4310

3. Date Incorporated or Qualified: 01/31/1983  
3a. Date of Last Report: 02/27/1996  
4. FEI Number: 54-1211771  
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

2. Principal Place of Business  
21 12500 Jefferson Ave  
22 P.O. Box 2778  
23 Newport News, VA  
24 23602  
25 USA  
2a. Mailing Address  
26 12500 Jefferson Ave  
27 P.O. Box 2778  
28 Newport News, VA  
29 23602  
30 USA

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DIBBEN, DAVID A	
STREET ADDRESS	407 WALSING DR	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BANKS, CHARLES A	
STREET ADDRESS	WHITEHALL FARM	
CITY-ST-ZIP	ZANONI VA 23191	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JAMES B., JR.	
STREET ADDRESS	905 RIVER RD	
CITY-ST-ZIP	NEWPORT NEWS VA 23601	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHELL, GEORGE R.	
STREET ADDRESS	4517 BOB JONES DR	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALL, TERRY E	
STREET ADDRESS	109 PORT COVE	
CITY-ST-ZIP	YORKTOWN VA 23693	
TITLE	VT	<input type="checkbox"/> DELETE
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	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas, James B. Jr	
1.3 STREET ADDRESS	905 River Road	
1.4 CITY-ST-ZIP	Newport News VA 23601	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5031 White Hall Road	
2.4 CITY-ST-ZIP	Gloucester, VA 23061	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Claude S. Hornsby	
3.3 STREET ADDRESS	Route 620	
3.4 CITY-ST-ZIP	North VA 23128	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: \_\_\_\_\_ DATE: 4/13/97 TELEPHONE: 757-989-2459

CR2E034 (9/96)