

FILE NOW: FILING FEE AFTER <sup>3-14-95</sup> <sup>6-21-96</sup> - NC IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

'95 MAR 14 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 857467 (5)

1. Corporation Name  
HAILS CONSTRUCTION CO. OF GEORGIA, INC.

Principal Place of Business Mailing Address  
10886 CRABAPPLE RD. 10886 CRABAPPLE RD.  
P.O. BOX 885 P.O. BOX 885  
ROSWELL GA 30077 ROSWELL GA 30077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/19/1983  
3a. Date of Last Report 03/08/1994  
4. FEI Number 58-1147525 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  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAILS, JEAN	1.2 NAME	
STREET ADDRESS	105 SHADOWBROOK DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ROSWELL GA	1.4 CITY- ST- ZIP	
TITLE	V.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAND, DON	2.2 NAME	
STREET ADDRESS	1760 MACBY DR. NE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MARIETTA GA	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ROGER	3.2 NAME	
STREET ADDRESS	4249 HIGHBORNE DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	MARIETTA GA	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, SANDRA	4.2 NAME	
STREET ADDRESS	4249 HIGHBORNE DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	MARIETTA GA	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(b), 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 addresses.

SIGNATURE: Jean Hails 2-8-95 104/997-8290  
DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR