

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001422

**Entity Name:** C. A. MURREN AND SONS COMPANY, INC.**Current Principal Place of Business:**2275 LOGANVILLE HWY (GA HWY 20)  
GRAYSON, GA 30017**Current Mailing Address:**2275 LOGANVILLE HWY (GA HWY 20)  
GRAYSON, GA 30017 US**FEI Number: 58-2047805****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | MURREN III, CHARLES A |
| Address         | 2275 LOGANVILLE HWY   |
| City-State-Zip: | GRAYSON GA 30017      |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | MCPHERSON, MICHAEL A |
| Address         | 2275 LOGANVILLE HWY  |
| City-State-Zip: | GRAYSON GA 30017     |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | MAY, BRIAN          |
| Address         | 2275 LOGANVILLE HWY |
| City-State-Zip: | GRAYSON GA 30017    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES A MURREN III****PRESIDENT****03/05/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date