

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02473

(7)

1. Corporation Name

CAJUN CONTRACTORS, INC.

Principal Place of Business

PO BOX 104
15131 AIRLINE HIGHWAY
BATON ROUGE LA 70821

Mailing Address

P.O. BOX 104
15131 AIRLINE HIGHWAY
BATON ROUGE LA 70821
US

3. Date Incorporated or Qualified
06/21/1984

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
72-0733546

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME GRIGSBY, L. LANE
STREET ADDRESS 19145 W MUIRFIELD CIRCLE
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE PD
NAME DUCOTE, JEROME
STREET ADDRESS 17511 CROSSING BLVD.
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE STD
NAME GRAUGHNARD, MILTON G.
STREET ADDRESS 1867 MARILYN
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE D
NAME SEXTON, R. GRAY
STREET ADDRESS 6513 PERKINS RD.
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE VP
NAME ARRIGHI, DAVID H.
STREET ADDRESS 17701 W. LAKEWAY DR.
CITY-ST-ZIP BATON ROUGE LA ☒ DELETE

TITLE VP
NAME WICKBOLDT, STEPHEN
STREET ADDRESS 15721 PHILEMON THOMAS
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96
Date

504-753-5857
Daytime Phone #

CR2E037 (3/96)