

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 70821-0104
US



3. Date incorporated or Qualified
06/21/1984

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 15685 Airline Hwy

27 Suite, Apt. #, etc.

28 City & State

BATON ROUGE, LA

29 Zip

Country

30

USA

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE VP ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

12459 Goodwood Blvd

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Wickboldt AT MORTON, R. GRIGSBY

5/19/97

SN-751-5857

CR2E037 (9/96)