

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09735 (2)
1. Corporation Name
SALIBA CONSTRUCTION CO., INC.



Principal Place of Business: **1147 N PARK AVE. DOTHAN AL 36303 US**
Mailing Address: **1147 N PARK AVE. DOTHAN AL 36303 US**

3. Date incorporated or Qualified: **04/15/1986** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **63-0415483** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: Suite, Apt. #, etc.:
City & State: **23** City & State: **28**
Zip: Country: Zip: Country: **24** **25** **29** **30**

9. Name and Address of Current Registered Agent

**WILKINSON, THOMAS C.
115 N. JEFFERSON ST.
MARIANNA FL 32446**

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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIBA, RICHARD	1.2 NAME	
STREET ADDRESS	676 TRAWICK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIBA, KAREN	2.2 NAME	
STREET ADDRESS	676 TRAWICK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIBA, RICHARD JAMEEL	3.2 NAME	
STREET ADDRESS	6 HOLLY HILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, WILLIAM M	4.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 272AA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SLOCOMB AL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAGGEARS, STEVE A.	5.2 NAME	
STREET ADDRESS	2588 BEDDINGTON WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUWANNEE GA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, BRADFORD E.	6.2 NAME	
STREET ADDRESS	122 RANDALL ST.	6.3 STREET ADDRESS	2035 Timothy Road, Apt. D306
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	Athens, Georgia 30606

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

SIGNATURE: *Richard Saliba* 2-26-96 (334) 792-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)