

1.) CORPORATION NAME: <b>INGRAM CONSTRUCTION COMPANY, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MS</b>	DUE DATE: <b>7/31/2014</b> SCC ID NO: <b>F0369324</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,400</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,400
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COMMON	2,400				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 173 HOY RD  CITY/ST/ZIP: MADISON, MS 39110
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFF D INGRAM TITLE: PRESIDENT ADDRESS: PO BOX 516 CITY/ST/ZIP/CO: MADISON, MS 39130	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETTIE M INGRAM TITLE: S/T ADDRESS: PO BOX 516 CITY/ST/ZIP/CO: MADISON, MS 39130	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J D INGRAM TITLE: COB ADDRESS: PO BOX 516 CITY/ST/ZIP/CO: MADISON, MS 39130	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JEFF D INGRAM	JEFF D INGRAM, PRESIDENT	7/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.