

1.) CORPORATION NAME:

SMITH-DOYLE CONTRACTORS, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0438988**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1635 WYNNE RD

CITY/ST/ZIP: CORDOVA, TN 38016

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.

<p>NAME: ROBERT A BARRETT TITLE: PRESIDENT ADDRESS: 155 LAKE POINTE COVE CITY/ST/ZIP/CO: ROSSVILLE, TN 38066</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JACK F ROBINSON TITLE: PRESIDENT ADDRESS: 3433 BEAVER RUN DR CITY/ST/ZIP/CO: COLLIERVILLE, TN 38017</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CARL R SMITH TITLE: PRESIDENT ADDRESS: 1401 COLONIAL CITY/ST/ZIP/CO: WEST MEMPHIS, AR 72301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WAYNE L SMITH TITLE: Chairman Board ADDRESS: 9772 LAUREL HOLLOW LANE WEST CITY/ST/ZIP/CO: GERMANTOWN, TN 38139</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DONALD ABERNATHY TITLE: VICE PRESIDENT ADDRESS: 3295 MARCIA LOUISE DRIVE CITY/ST/ZIP/CO: SOUTHAVEN, MS 38672</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: W NEAL CHRISTENBURY TITLE: SECRETARY ADDRESS: 9952 WESTWOOD MANOR DR CITY/ST/ZIP/CO: GERMANTOWN, TN 38139</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WILLIAM CONDY TITLE: ASST SECRETARY ADDRESS: 1635 WYNNE RD CITY/ST/ZIP/CO: CORDOVA, TN 38016	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ WILLIAM CONDY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM CONDY, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	5/7/2014 _____ DATE
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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.