

1.) CORPORATION NAME:

**SMITH-DOYLE CONTRACTORS, INC.**

DUE DATE: **6/30/2015**

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: 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
<p>NAME: WILLIAM CONDY TITLE: ASST SECRETARY ADDRESS: 1635 WYNNE RD CITY/ST/ZIP/CO: CORDOVA, TN 38016</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WAYNE L SMITH  OFFICER  DIRECTOR  
TITLE: CHAIRMAN BOARD  
ADDRESS: 9772 LAUREL HOLLOW LANE WEST  
CITY/ST/ZIP/CO: GERMANTOWN, TN 38139

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.

<u>/s/ WILLIAM CONDY</u>	<u>WILLIAM CONDY, ASST</u>	<u>4/28/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.