Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SOUTHLAND CONSTRUCTION, INC.

172 WEST 4TH STREET
APOPKA, FL 32703

2b Employer Identification Number (EIN) 59-1742990

2c Sponsor's telephone number 407-889-9844

2d Business code (see instructions) 236200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2010	DANIEL L. CARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2010	DANIEL L. CARR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SOUTHLAND CONSTRUCTION, INC.

172 WEST 4TH STREET
APOPKA, FL 32703

3b Administrator's EIN
59-1742990

3c Administrator's telephone number
407-889-9844

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	125
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	91
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	106
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	106
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	61
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)
59-1742990

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	62970	59	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	6320

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CARPENTER MORSE GROUP
834 N. HIGHLAND AVENUE
ORLANDO, FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	4089	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CARPENTER, CLAYDON ADVISORS
834 N. HIGHLAND AVENUE
ORLANDO, FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
	2229	RIA FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DWS INVESTMENTS SERVICE COMPANY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	2	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1728
5	Current value of plan's interest under this contract in separate accounts at year end	5	1878211

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	786
c	Additions: (1) Contributions deposited during the year	7c(1)	900		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	46		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	946
d	Total of balance and additions (add **b** and **c(6)**)			7d	1732
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	4		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	4
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1728

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)
59-1742990

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO USA

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	1912215

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)
59-1742990

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36832	27295
(2) Participant contributions	1b(2)	535	3772
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	56859	25692
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1395287	1884795
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	786	1728
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1490299	1943282
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4404	7411
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4404	7411
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1485895	1935871

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	27295	
	(B) Participants	2a(1)(B)	187433	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		214728
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3217	
	(F) Other	2b(1)(F)	45	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3262
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		430678
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		648668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	173216	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		173216
f Corrective distributions (see instructions)	2f		7411
g Certain deemed distributions of participant loans (see instructions)	2g		11323
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	422	
(3) Investment advisory and management fees	2i(3)	2229	
(4) Other	2i(4)	4091	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6742
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198692
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		449976
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WILLIAM H. CROSS & CO., P.A. (2) EIN: 30-0518876

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)
59-1742990

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SOUTHLAND CONSTRUCTION, INC. 401K PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

As of December 31, 2009 and 2008

C O N T E N T S

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Independent Auditors' Report	1
Financial Statements:	
Comparative Statement of Net Assets	2
Statement of Changes in Net Assets	3
Notes to Financial Statements	4-15
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes	16-20

Schedules Omitted:

The schedules of party-in-interest transactions, loans or fixed income obligations in default, leases in default or classified as uncollectible, and nonexempt transactions are omitted because the Plan had no such transactions, obligations, or leases. Also omitted is the schedule of reportable transactions since assets of the Plan are 100% participant directed.

CROSS, STEWARD & CO., L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

WILLIAM H. CROSS, CPA
STEVEN L. STEWARD, CPA

DONALD G. MATTS, CPA
LESLIE A. ORNSTEIN, CPA
ANNE BRAND

601 N. FERN CREEK AVENUE, SUITE 210
ORLANDO, FL 32803-4839

407-894-6771
407-898-3137 FAX
WWW.MYFLCPAFIRM.COM

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Southland Construction, Inc. 401K Plan
Apopka, Florida

We were engaged to audit the financial statements and supplemental schedules of Southland Construction, Inc. 401K Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules related thereto. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cross, Steward + Co., LLC

July 7, 2010

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
COMPARATIVE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value:		
Plan interest in pooled separate accounts of insurance company	$1,884,795	$1,395,287
Investment contract with unallocated funds held in insurance company general account	1,728	786
Participants' promissory notes	25,692	56,859
Total investments	1,912,215	1,452,932
Employer 401(k) match receivable	27,295	36,832
Employee 401(k) deferrals receivable	3,772	535
	1,943,282	1,490,299
LIABILITIES		
Current liabilities:		
Excess employee contributions	7,411	4,404
Net assets available for benefits	$1,935,871	$1,485,895

See accompanying notes to financial statements.

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
for the year ended December 31, 2009

Investment income:		
Net appreciation in fair value of investments	$423,567	
Interest income	3,262	$ 426,829
Contributions:		
Employee 401(k) deferral contributions	187,433	
Employer 401(k) match contributions	28,115	215,548
Total additions		642,377
Deductions from net assets attributed to:		
Benefits paid directly to participants	184,839	
Administrative expenses	6,742	
Matching forfeitures	820	
Total deductions		192,401
Net increase for the year		449,976
Net assets available for benefits:		
Beginning of year		1,485,895
End of year		$1,935,871

See accompanying notes to financial statements.

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
NOTES TO FINANCIAL STATEMENTS
for the year ended December 31, 2009

1. Description of Plan:

The following description of the Southland Construction, Inc. (Company) 401K Plan (Plan), provides only general information. The Plan was restated from the original Plan established January 1, 1999. The Plan, as restated, is a trusteed 401(k) salary deferred thrift plan. In addition, the Plan has been amended effective for years beginning after December 31, 2002, to comply with The Economic Growth and Tax Relief Reconciliation Act of 2002 (EGTRRA). The Plan was amended effective January 1, 2006, to allow for hardship distributions in accordance with IRS regulations, amended December 15, 2008, to formally incorporate the provisions of EGTRRA as well as other technical updates, and further amended December 28, 2009, to comply with the Pension Protection Act. Participants should refer to the Plan agreement, as amended, and annuity contract for a more complete description of the Plan's provisions. The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Codes.

General - The Plan is a defined contribution plan covering all employees of the Company who have one year of service, attained age twenty-one, and have at least 500 hours of service during the year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Employees may elect to contribute to the Plan through salary deferrals subject to Plan limitations. The Company may contribute a discretionary matching percentage of such salary deferral. Additionally, the Company may elect to contribute to the Plan such portion of its current net profit or accumulated profit for its fiscal year as the Board of Directors may determine.

Participant Accounts - Each participant's account is credited with an allocation of (a) his/her elective deferral contributions (b) the Company's matching contributions (c) Plan earnings (losses) and, (d) forfeitures of terminated participants' nonvested accounts.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive the value of the vested interest in his or her account either as a lump-sum distribution or as an annuity. For termination of services due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Continued

1. Description of Plan - Continued

Administrative Expenses - The Company assumes responsibility for the audit fees, in addition to providing administrative services for the Plan at no charge. During the year, the Company ceased paying for investment advisory fees which were then paid from Plan assets.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become 100% vested.

Vesting - Employee contributions are always 100% vested. Participants are vested in the employer's contributions and plan earnings (losses) according to the following table:

Vesting Years of Service	Vested Percent
2	20%
3	40%
4	60%
5	80%
6	100%

Participant Notes Receivable - Participants may borrow from their investment accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their account balance or $50,000, reduced by any loan balance. Loan terms range from 1-5 years. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25-9%. Principal and interest are paid ratably through weekly payroll deductions.

Investment Options - The Plan's investments are held in trust by John Hancock Life Insurance Company (U.S.A.). Upon enrollment in the Plan, a participant may direct employee contributions in any of forty-one investment options as follows:

Guaranteed Interest - Funds are invested in John Hancock Life Insurance Company's Guaranteed Interest Account. This account provides a guaranteed interest rate for a specific period of time as determined, or allowed by the Plan. The guarantees made with regard to the Guaranteed Interest Account are supported by John Hancock Life Insurance Company's General Account.

Continued

1. Description of Plan - Continued

Investment Options - Continued

Money Market - Funds are invested in high-quality, money market instruments with maturities of 397 days or less.

Lifecycle 2015 - Funds are invested in other portfolios of John Hancock Investment Trust using an asset allocation strategy designed for investors expected to retire in 2015.

Lifecycle 2035 - Funds are invested in other portfolios of John Hancock Investment Trust using an asset allocation strategy designed for investors expected to retire in 2035.

Lifestyle Conservative - Funds are invested in other portfolios of John Hancock Investment Trust, of which approximately 80% invest primarily in fixed income securities and approximately 20% invest primarily in equity securities.

Lifestyle Moderate - Funds are invested in other portfolios of John Hancock Investment Trust, of which approximately 60% invest primarily in fixed income securities and approximately 40% invest primarily in equity securities.

Lifestyle Balanced - Funds are invested in other portfolios of John Hancock Investment Trust, of which approximately 40% invest primarily in fixed income securities and approximately 60% invest primarily in equity securities.

Lifestyle Growth - Funds are invested in other portfolios of John Hancock Investment Trust, of which approximately 20% invest primarily in fixed income securities and approximately 80% invest primarily in equity securities.

Lifestyle Aggressive - Funds are invested in other portfolios of John Hancock Investment Trust which invest primarily in equity securities.

Short-Term Federal - Funds are invested solely in shares of the Vanguard Short-Term Federal Fund which invests in short-term U.S. Government and agency securities.

Continued

1. Description of Plan - Continued

Investment Options - Continued

Total Return - Funds are invested solely in shares of the Pacific Investment Management Company (PIMCO) Total Return Fund. At least 65% of the portfolio's assets are invested in a diversified portfolio of fixed income securities of varying maturities.

High-Yield - Funds are invested solely in shares of Legg Mason Western Asset Global High Yield Bond Fund (Class A). At least 80% of the portfolio's assets are invested in high yield bonds and related investments.

Spectrum Income - Funds are invested solely in shares of the T. Rowe Price Spectrum Income Fund. The portfolio's assets are invested primarily in a diversified group of T. Rowe Price Mutual funds that, in turn, invest mainly in fixed-income securities.

Global Bond - Funds are invested solely in Pimco Global Bond Fund which invests primarily in U.S. and non U.S. intermediate maturity fixed income securities.

Balanced - Funds are invested solely in shares of American Balanced Fund (Class R5). The assets are invested in a balanced portfolio of equity securities and fixed income securities.

Mid Cap Value - Funds are invested solely in shares of J.P. Morgan Mid Cap Value Fund. The portfolio's assets are invested primarily in equity securities that are believed to be under valued.

NY Venture - Funds are invested solely in shares of the Davis New York Venture Fund (Class A). The portfolio's assets are invested primarily in common stock of U.S. Companies with market capitalizations of at least $10 billion.

Beacon - Funds are invested solely in shares of the Mutual Beacon Fund (Class Z). The portfolio's assets are typically invested in equity and debt instruments of companies the Fund's Investment Advisor believes to be trading at prices below their intrinsic value.

Continued

1. Description of Plan - Continued

Investment Options - Continued

Small-Mid growth - Funds are invested solely in Franklin Small-Mid Cap Growth Fund which invests at least 80% of its' net assets in equity security of mid and small cap companies.

Oppenheimer Global - Funds are invested primarily in common stocks of companies in the U.S. and foreign countries.

Jennison Growth - Funds are invested in stocks of companies that exceed $1 billion in market capitalization that the manager believes will have above average growth prospects.

Blackrock Large Value - Funds are invested primarily in a diversified portfolio of equity securities of large cap companies located in the U.S.

Franklin Balance Sheet - Funds are invested primarily in stocks of companies the fund managers believe are undervalued and trading at a low price relative to book value.

DFA International Value - Funds are invested in stocks of large non-U.S. companies that the Advisor determines to be value stocks at the time of purchase.

Mutual Global Discovery - Funds are invested solely in shares of the Mutual Global Discovery Fund (Class Z). The portfolio's assets are typically invested in equity and debt instruments of companies the Fund's Investment Advisor believes to be trading at prices below their intrinsic value.

Emerging Markets Value - Funds are invested solely in shares of the DFA Emerging Markets Value Fund. All of the portfolio's assets are invested in stocks of emerging market equity securities that the advisor determines to be value stocks at the time of purchase.

Blue Chip - Funds are invested solely in shares of the John Hancock Funds II Blue Chip Growth Fund (Class 1). The fund normally invests 80% of total assets in the common stocks of large and medium-sized blue chip growth companies.

Continued

1. Description of Plan - Continued

Investment Options - Continued

Energy Fund - Funds are invested solely in shares of the Vanguard Energy Fund (Investor Class). At least 80% of the portfolio's assets are invested in common stocks of companies engaged in energy related activities.

RCM Technology Fund - Funds are invested in technology companies organized or headquartered in at least three different countries (one of which may be the United States).

Classic Value - Funds are primarily invested in domestic equity securities with long-term growth potential.

Mid Cap Stock - Funds are primarily invested in equity securities of medium-sized companies with significant capital appreciation potential.

Small Cap Value - Funds are invested in a diversified mix of common stocks of small U.S. companies that are believed to be undervalued and offer good prospects for capital appreciation.

Small Cap Growth - Funds are invested solely in shares of AIM Invesco Small Cap Growth Fund (Class A). At least 80% of the portfolio's assets are invested in securities of small-capitalization companies.

Developing Markets - Funds are invested solely in shares of the Oppenheimer Developing Markets Fund (Class Y). The portfolio's assets are typically invested in equity securities of developing or emerging countries throughout the world.

Science & Technology - Funds are invested solely in shares of the John Hancock Trust Science & Technology Trust (Class 1). At least 80% of the portfolio's assets are invested in companies expected to benefit from the development, advancement and/or use of science and technology.

Continued

1. Description of Plan - Continued

Investment Options - Continued

T. Rowe Price Equity Income - Funds are invested primarily in common stocks of well established companies paying above average dividends.

Explorer - Funds are invested primarily in common stocks of small and emerging growth companies.

Real Estate Securities Fund - Funds are invested in equity securities of real estate investment trusts (``REITS'') and real estate companies.

500 Index - Funds are invested solely in shares of John Hancock Trust-500 Index Trust. The portfolio's assets are invested primarily in stocks of large U.S. companies of the S & P 500 Composite Stock Price Index.

Optimized Value Fund - Funds are invested solely in shares of John Hancock Funds II - Optimized Value Fund. The portfolio invests primarily in high quality, large-cap U.S. securities with the potential for long-term growth of capital.

Total Stock Market Index Fund - Funds are invested solely in shares of John Hancock Trust - Total Stock Market Index Trust. The portfolio invests in stocks that are included in or will behave in a manner similar to the Wilshire 5000 Total Market Index.

2. Summary of Significant Accounting Policies:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with auditing principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Continued

2. Summary of Significant Accounting Policies - Continued

Fair Value Measurements - The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Inputs - Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date (e.g. prices derived from NYSE, NASDAQ or Chicago Board of Trade).

Level 3 Inputs - The guaranteed investment contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The Lifestyle Aggressive, Lifestyle Balanced, Lifestyle Growth, Lifestyle Moderate, Beacon and Money Market accounts each represent 5% or more of net assets available for benefits.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Date of Management's Review - Subsequent events were evaluated through July 7, 2010, which is the date the financial statements were available to be issued.

Continued

3. Information Certified by Custodian:

The following is a summary of the unaudited information regarding the Plan included in the Plan's financial statements and supplemental schedules, that was prepared by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan's investment assets, and furnished to the plan administrator. The plan administrator has obtained certifications from John Hancock Life Insurance Company (U.S.A.) that such information is complete and accurate:

	2009	2008
Investments at fair value (Level 1) as determined by quoted market price:		
Plan interest in pooled separate accounts of John Hancock Life Insurance Company (U.S.A.)		
Money Market	$ 114,305	$ 215,613
Lifecycle - 2015	7,180	1,592
Lifecycle - 2035	-	38,015
Lifestyle Conservative	21,532	32,110
Lifestyle Moderate	98,530	69,736
Lifestyle Balanced	429,640	289,491
Lifestyle Growth	445,951	298,301
Lifestyle Aggressive	101,409	63,841
Short-Term Federal	31,805	19,207
Total Return	13,577	8,000
High Yield	60,211	12,763
Spectrum Income	9,152	-
Global Bond	1,428	787
Balanced	3,556	2,948
Mid Cap Value	2,952	1,908
NY Venture	38,696	25,106
Beacon	109,810	67,872
Small-Mid Growth	3,071	1,251
Oppenheimer Global	8,946	1,921
Jennison Growth	30,025	14,074
Blackrock Large Value	14,513	9,804
Franklin Balance Sheet	19,691	16,107
DFA International Value	1,603	546
Mutual Discovery	64,437	46,988
Emerging Markets Value	32	17
Blue Chip	5,634	2,006
Energy	30,297	10,714
RCM Technology	-	13,283
Classic Value	-	883
Mid Cap Stock	-	3,069

Continued

3. Information Certified by Custodian - Continued

Small Cap Value Fund	1,832	892
Small Cap Growth	42,670	38,366
Developing Markets	76,011	25,627
Science & Technology	27,079	-
T. Rowe Price Equity Income	1,638	-
Explorer	15,452	-
Real Estate Securities Fund	2,003	7,181
500 Index	46,421	52,297
Optimized Value	3,063	2,471
Total Stock Market Index	643	500
	1,884,795	1,395,287
Investments at fair value (Level 3) as determined by estimates:		
Investment contract with unallocated funds held in John Hancock Life Insurance Company's general account	1,728	786
Participants' promissory notes	25,692	56,859
	27,420	57,645
Total investments	$1,912,215	$1,452,932

During 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Investments at fair value as determined by quoted market price:	
Plan interest in pooled separate accounts of John Hancock Life Insurance Company (U.S.A.)	
Money Market	$ 466
Lifecycle - 2015	1,478
Lifecycle - 2035	(2,408)
Lifestyle Conservative	3,764
Lifestyle Moderate	21,408
Lifestyle Balanced	109,874
Lifestyle Growth	113,702
Lifestyle Aggressive	28,733
Short-Term Federal	1,050
Total Return	1,339
High Yield	20,153
Spectrum Income	399
Global Bond	161

Continued

3. Information Certified by Custodian - Continued

Balanced	609
Mid Cap Value	633
NY Venture	9,334
Beacon	24,392
Small-Mid Growth	858
Oppenheimer Global	2,139
Jennison Growth	8,068
Blackrock Large Cap Value	1,949
Franklin Balance Sheet	3,585
DFA International Value	447
Mutual Discovery	10,607
Emerging Markets Value	15
Blue Chip	1,483
Energy	6,320
RCM Technology	7,501
Classic Value	90
Mid Cap Stock	16
Small Cap Value	519
Small Cap Growth	10,011
Developing Markets	18,064
Science & Technology	1,481
T. Rowe Price Equity Income	243
Explorer	3,049
Real Estate Securities Fund	1,656
500 Index	9,644
Optimized Value	592
Total Stock Market Index	143
Net change in fair value	$423,567
Investment income from interest	$3,262

4. Level 3 Fair Value Measurements:

The following table provides further details of the Level 3 fair value measurements.

Investment Category	Beginning Balance	Total Gains or Losses	Interest Credited	Purchases Issuances Settlements	Ending Balance	Unrealized Gains or Losses
Guaranteed Interest Accounts	$ 786	$(4)	$ 46	$ 900	$ 1,728	$ -
Participants' Promissory Notes	56,859	-	3,216	(34,383)	25,692	-
Totals	$57,645	$(4)	$3,262	$(33,483)	$27,420	$ -

Continued

5. Amounts in Accounts of Terminated Participants:

At December 31, 2009, the Plan's net assets available for benefits included fully and partially vested amounts in accounts of terminated participants. These amounts are considered immaterial to total net assets.

6. Forfeited Accounts:

For the year ended December 31, 2009, there were $820 of forfeited nonvested accounts of withdrawing participants.

7. Tax Status:

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

SUPPLEMENTAL SCHEDULES

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
EI#: 59-1742990
PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
	John Hancock Life Insurance Company (U.S.A.)	Money Market		$ 114,305
	John Hancock Life Insurance Company (U.S.A.)	Lifecycle - 2015		7,180
	John Hancock Life Insurance Company (U.S.A.)	Lifecycle - 2035		-
	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Conservative		21,532
	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Moderate		98,530
	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Balanced		429,640
	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Growth		445,951
	John Hancock Life Insurance Company (U.S.A.)	Lifestyle Aggressive		101,409
	John Hancock Life Insurance Company (U.S.A.)	Short-Term Federal		31,805
	John Hancock Life Insurance Company (U.S.A.)	Total Return		13,577

Continued

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
EI#: 59-1742990
PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
	John Hancock Life Insurance Company (U.S.A.)	High Yield		60,211
	John Hancock Life Insurance Company (U.S.A.)	Spectrum Income		9,152
	John Hancock Life Insurance Company (U.S.A.)	Global Bond		1,428
	John Hancock Life Insurance Company (U.S.A.)	Balanced		3,556
	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Value		2,952
	John Hancock Life Insurance Company (U.S.A.)	NY Venture		38,696
	John Hancock Life Insurance Company (U.S.A.)	Beacon		109,810
	John Hancock Life Insurance Company (U.S.A.)	Small-Mid Growth		3,071
	John Hancock Life Insurance Company (U.S.A.)	Oppenheimer Gobal		8,946

Continued

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
EI#: 59-1742990
PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
	John Hancock Life Insurance Company (U.S.A.)	Jennison Growth		30,025
	John Hancock Life Insurance Company (U.S.A.)	Blackrock Large Value		14,513
	John Hancock Life Insurance Company (U.S.A.)	Franklin Balance Sheet		19,691
	John Hancock Life Insurance Company (U.S.A.)	DFA International Value		1,603
	John Hancock Life Insurance Company (U.S.A.)	Mutual Global Discovery		64,437
	John Hancock Life Insurance Company (U.S.A.)	Emerging Markets Value		32
	John Hancock Life Insurance Company (U.S.A.)	Blue Chip		5,634
	John Hancock Life Insurance Company (U.S.A.)	Energy		30,297
	John Hancock Life Insurance Company (U.S.A.)	RCM Technology		-
	John Hancock Life Insurance Company (U.S.A.)	Classic Value		-

Continued

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
EI#: 59-1742990
PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
	John Hancock Life Insurance Company (U.S.A.)	Mid Cap Stock		-
	John Hancock Life Insurance Company (U.S.A.)	Small Cap Value		1,832
	John Hancock Life Insurance Company (U.S.A.)	Small Cap Growth		42,670
	John Hancock Life Insurance Company (U.S.A.)	Developing Markets		76,011
	John Hancock Life Insurance Company (U.S.A.)	Science & Technology		27,079
	John Hancock Life Insurance Company (U.S.A.)	T. Rowe Price Equity Income		1,638
	John Hancock Life Insurance Company (U.S.A.)	Explorer		15,452
	John Hancock Life Insurance Company (U.S.A.)	Real Estate Securities		2,003
	John Hancock Life Insurance Company (U.S.A.)	500 Index		46,421

Continued

SOUTHLAND CONSTRUCTION, INC. 401K PLAN
EI#: 59-1742990
PLAN #: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investments	(d) Cost	(e) Current Value
	John Hancock Life Insurance Company (U.S.A.)	Optimized Value		3,063
	John Hancock Life Insurance Company (U.S.A.)	Total Stock Market Index		643
	John Hancock Life Insurance Company (U.S.A.)	Investment contract with unallocated funds held in the general account		1,728
	John Hancock Life Insurance Company (U.S.A.)	Participants' promissory notes, maturing 1-5 years, interest rates 4.25-9%		25,692
				$1,912,215

Note: Column (a) is blank as there were no parties-in-interest.
Column (d) is blank as all investments are participant directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SOUTHLAND CONSTRUCTION, INC.

172 WEST 4TH STREET

APOPKA FL 32703

2b Employer Identification Number (EIN) 59-1742990

2c Sponsor's telephone number (407)889-9844

2d Business code (see instructions) 236200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Daniel L. Carr	6-10-10	DANIEL L. CARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Daniel L. Carr	6-10-10	DANIEL L. CARR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	125
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	**6a**	91
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	15
d Subtotal. Add lines 6a, 6b, and 6c	**6d**	106
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines 6d and 6e	**6f**	106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	61
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
X

2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	X	Insurance	(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust	(3)	X	Trust
(4)		General assets of the sponsor	(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules			**b** General Schedules			
(1)	X	R (Retirement Plan Information)	(1)	X		H (Financial Information)
(2)		MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)			I (Financial Information – Small Plan)
			(3)	X	1	A (Insurance Information)
			(4)			C (Service Provider Information)
(3)		SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	X		D (DFE/Participating Plan Information)
			(6)			G (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan

SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.

SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)

59-1742990

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
01-0233346	65838	62970	59	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	6,320

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER MORSE GROUP
834 N. HIGHLAND AVENUE

ORLANDO FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	4,089	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER, CLAYDON ADVISORS
834 N. HIGHLAND AVENUE

ORLANDO FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	2,229	RIA FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DWS INVESTMENTS SERVICE COMPANY

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1,728
5	Current value of plan's interest under this contract in separate accounts at year end	5	1,878,211

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	786
c	Additions: (1) Contributions deposited during the year	7c(1)	900		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	46		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	(6) Total additions			7c(6)	946
d	Total of balance and additions (add b and c(6))			7d	1,732
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	4		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	(5) Total deductions			7e(5)	4
f	Balance at the end of the current year (subtract e(5) from d)			7f	1,728

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	2009 This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN) ▶	001
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN		
C Plan or DFE sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SOUTHLAND CONSTRUCTION, INC.	59-1742990	

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO USA

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO USA

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346 000	P	1,912,215

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN) ▶	001
SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SOUTHLAND CONSTRUCTION, INC.	59-1742990	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36,832	27,295
(2) Participant contributions	1b(2)	535	3,772
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	56,859	25,692
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1,395,287	1,884,795
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	786	1,728
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1,490,299	1,943,282
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	4,404	7,411
k Total liabilities (add all amounts in lines 1g through1j)	1k	4,404	7,411
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1,485,895	1,935,871

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	27,295	
(B) Participants	2a(1)(B)	187,433	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A)**, **(B)**, **(C)**, and line **2a(2)**	2a(3)		214,728
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3,217	
(F) Other	2b(1)(F)	45	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3,262
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		430,678
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		648,668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	173,216	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		173,216
f Corrective distributions (see instructions)	2f		7,411
g Certain deemed distributions of participant loans (see instructions)	2g		11,323
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	422	
(3) Investment advisory and management fees	2i(3)	2,229	
(4) Other	2i(4)	4,091	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6,742
j Total expenses. Add all expense amounts in column (b) and enter total	2j		198,692
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		449,976
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WILLIAM H. CROSS & CO., P.A. (2) EIN: 30-0518876

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	MONEY MARKET COMPANY		114,305
	JOHN HANCOCK LIFE INSURANCE	LIFECYCLE-2015 COMPANY		7,180
	JOHN HANCOCK LIFE INSURANCE	LIFECYCLE-2035 COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE CONSERVATIVE COMPANY		21,532
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE MODERATE COMPANY		98,530
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE BALANCED COMPANY		429,640
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE GROWTH COMPANY		445,951

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE AGGRESSIVE COMPANY		101,409
	JOHN HANCOCK LIFE INSURANCE	SHORT-TERM FEDERAL COMPANY		31,805
	JOHN HANCOCK LIFE INSURANCE	TOTAL RETURN COMPANY		13,577
	JOHN HANCOCK LIFE INSURANCE	HIGH YIELD COMPANY		60,211
	JOHN HANCOCK LIFE INSURANCE	SPECTRUM INCOME COMPANY		9,152
	JOHN HANCOCK LIFE INSURANCE	GLOBAL BOND COMPANY		1,428
	JOHN HANCOCK LIFE INSURANCE	BALANCED COMPANY		3,556

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	MID CAP VALUE COMPANY		2,952
	JOHN HANCOCK LIFE INSURANCE	NY VENTURE COMPANY		38,696
	JOHN HANCOCK LIFE INSURANCE	BEACON COMPANY		109,810
	JOHN HANCOCK LIFE INSURANCE	SMALL-MID GROWTH COMPANY		3,071
	JOHN HANCOCK LIFE INSURANCE	OPPENHEIMER GLOBAL COMPANY		8,946
	JOHN HANCOCK LIFE INSURANCE	JENNISON GROWTH COMPANY		30,025
	JOHN HANCOCK LIFE INSURANCE	BLACKROCK LARGE VALUE COMPANY		14,513

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	FRANKLIN BALANCE SHEET COMPANY		19,691
	JOHN HANCOCK LIFE INSURANCE	DFA INTERNATIONAL VALUE COMPANY		1,603
	JOHN HANCOCK LIFE INSURANCE	MUTUAL GLOBAL DISCOVERY COMPANY		64,437
	JOHN HANCOCK LIFE INSURANCE	EMERGING MARKETS VALUE COMPANY		32
	JOHN HANCOCK LIFE INSURANCE	BLUE CHIP COMPANY		5,634
	JOHN HANCOCK LIFE INSURANCE	ENERGY COMPANY		30,297
	JOHN HANCOCK LIFE INSURANCE	RCM TECHNOLOGY COMPANY		0

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	CLASSIC VALUE COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	MID CAP STOCK COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	SMALL CAP VALUE COMPANY		1,832
	JOHN HANCOCK LIFE INSURANCE	SMALL CAP GROWTH COMPANY		42,670
	JOHN HANCOCK LIFE INSURANCE	DEVELOPING MARKETS COMPANY		76,011
	JOHN HANCOCK LIFE INSURANCE	SCIENCE & TECHNOLOGY COMPANY		27,079
	JOHN HANCOCK LIFE INSURANCE	T. ROWE PRICE EQUITY INCOME COMPANY		1,638

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990

Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	EXPLORER COMPANY		15,452
	JOHN HANCOCK LIFE INSURANCE	REAL ESTATE SECURITIES COMPANY		2,003
	JOHN HANCOCK LIFE INSURANCE	500 INDEX COMPANY		46,421
	JOHN HANCOCK LIFE INSURANCE	OPTIMIZED VALUE COMPANY		3,063
	JOHN HANCOCK LIFE INSURANCE	TOTAL STOCK MARKET INDEX COMPANY		643
	JOHN HANCOCK LIFE INSURANCE	INVESTMENT CONTRACT WITH UNALLOCATED FUNDS HELD IN THE GENERAL ACCOUNT COMPANY		1,728
	JOHN HANCOCK LIFE INSURANCE	PARTICIPANTS' PROMISSORY NOTES, MATURING 1-5 YEARS, INTEREST RATES 4.25-9% COMPANY		25,692

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan

SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

SOUTHLAND CONSTRUCTION, INC.

D Employer Identification Number (EIN)

59-1742990

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN c Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN c Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN c Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN c Dollar amount contributed by employer

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a Name of contributing employer

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d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SOUTHLAND CONSTRUCTION, INC. 401(K) PLAN **EIN:** 59-1742990
Plan Sponsor's Name SOUTHLAND CONSTRUCTION, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INSURANCE	MONEY MARKET COMPANY		114,305
	JOHN HANCOCK LIFE INSURANCE	LIFECYCLE-2015 COMPANY		7,180
	JOHN HANCOCK LIFE INSURANCE	LIFECYCLE-2035 COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE CONSERVATIVE COMPANY		21,532
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE MODERATE COMPANY		98,530
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE BALANCED COMPANY		429,640
	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE GROWTH COMPANY		445,951

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	JOHN HANCOCK LIFE INSURANCE	LIFESTYLE AGGRESSIVE COMPANY		101,409
	JOHN HANCOCK LIFE INSURANCE	SHORT-TERM FEDERAL COMPANY		31,805
	JOHN HANCOCK LIFE INSURANCE	TOTAL RETURN COMPANY		13,577
	JOHN HANCOCK LIFE INSURANCE	HIGH YIELD COMPANY		60,211
	JOHN HANCOCK LIFE INSURANCE	SPECTRUM INCOME COMPANY		9,152
	JOHN HANCOCK LIFE INSURANCE	GLOBAL BOND COMPANY		1,428
	JOHN HANCOCK LIFE INSURANCE	BALANCED COMPANY		3,556

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	JOHN HANCOCK LIFE INSURANCE	MID CAP VALUE COMPANY		2,952
	JOHN HANCOCK LIFE INSURANCE	NY VENTURE COMPANY		38,696
	JOHN HANCOCK LIFE INSURANCE	BEACON COMPANY		109,810
	JOHN HANCOCK LIFE INSURANCE	SMALL-MID GROWTH COMPANY		3,071
	JOHN HANCOCK LIFE INSURANCE	OPPENHEIMER GLOBAL COMPANY		8,946
	JOHN HANCOCK LIFE INSURANCE	JENNISON GROWTH COMPANY		30,025
	JOHN HANCOCK LIFE INSURANCE	BLACKROCK LARGE VALUE COMPANY		14,513

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		FRANKLIN BALANCE SHEET		
	JOHN HANCOCK LIFE INSURANCE	COMPANY DFA INTERNATIONAL VALUE		19,691
	JOHN HANCOCK LIFE INSURANCE	COMPANY MUTUAL GLOBAL DISCOVERY		1,603
	JOHN HANCOCK LIFE INSURANCE	COMPANY EMERGING MARKETS VALUE		64,437
	JOHN HANCOCK LIFE INSURANCE	COMPANY BLUE CHIP		32
	JOHN HANCOCK LIFE INSURANCE	COMPANY ENERGY		5,634
	JOHN HANCOCK LIFE INSURANCE	COMPANY RCM TECHNOLOGY		30,297
	JOHN HANCOCK LIFE INSURANCE	COMPANY		0

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	JOHN HANCOCK LIFE INSURANCE	CLASSIC VALUE COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	MID CAP STOCK COMPANY		0
	JOHN HANCOCK LIFE INSURANCE	SMALL CAP VALUE COMPANY		1,832
	JOHN HANCOCK LIFE INSURANCE	SMALL CAP GROWTH COMPANY		42,670
	JOHN HANCOCK LIFE INSURANCE	DEVELOPING MARKETS COMPANY		76,011
	JOHN HANCOCK LIFE INSURANCE	SCIENCE & TECHNOLOGY COMPANY		27,079
	JOHN HANCOCK LIFE INSURANCE	T. ROWE PRICE EQUITY INCOME COMPANY		1,638

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	JOHN HANCOCK LIFE INSURANCE	EXPLORER COMPANY REAL ESTATE SECURITIES		15,452
	JOHN HANCOCK LIFE INSURANCE	COMPANY 500 INDEX		2,003
	JOHN HANCOCK LIFE INSURANCE	COMPANY OPTIMIZED VALUE		46,421
	JOHN HANCOCK LIFE INSURANCE	COMPANY TOTAL STOCK MARKET INDEX		3,063
	JOHN HANCOCK LIFE INSURANCE	COMPANY INVESTMENT CONTRACT WITH UNALLOCATED FUNDS HELD IN THE GENERAL ACCOUNT		643
	JOHN HANCOCK LIFE INSURANCE	COMPANY PARTICIPANTS' PROMISSORY NOTES, MATURING 1-5 YEARS, INTEREST RATES 4.25-9%		1,728
	JOHN HANCOCK LIFE INSURANCE	COMPANY		25,692