2000 UNIFORM BUSINESS REPORT (UBR) A97000001925 DOCUMENT # FILED 1. Entity Name NORTH FLORIDA ROCK, LTD. 00 JAN 21 PM 12: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1714 W. 23RD STREET, SUITE O 1714 W. 23RD STREET. SUITE O PANAMA CITY FL 32405-2924 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 59-3471235 Not Applicable Country \$8,75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent and the second control of the second control of the WEBB, FRED M Street Address (P.O. Box Number is Not Acceptable) 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT# STREET ADDRESS F.M.W. CONSTRUCTION SERVICES, INC. NAME 1714 W. 23RD ST., SUITE O STREET ADDRESS OTY-ST-789 PANAMA CITY FL 32405 30000311<u>4603-</u>-5 CITY-ST-ZIP -01/28/00--01066--003 DOCUMENT# STREET ADDRESS ****158.75 ****158,75 MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-5T-782 \$

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

PRESEM! WEBB, PRES. OF

1/20/00

850 769-2481

WOONSTRUCTION SERVICES, INC./GENERAL PARTNER Daytime Phone #