FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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SIGNATURE:

PROFIT Feb 10 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F63086 **BROWNING'S CONSTRUCTION, INC.** Principal Place of Business Mailing Address ROUTE 4. BOX 435 ROUTE 4. BOX 435 STARKE FL 32091 STARKE FL 32091 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2139753 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired \Box Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent QUADRANT II AT COUTHPOINT lames V. Walker 10151-DEERWOOD PARK BLVD Street Address (P.O. Box Number is Not Acceptable) 82 RHOG. 100 SUITE 200 83 JACKSONVILLE FL 32256 Ponte VedRA PARK Zip Code **3**2*0*82 Veden Beach 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. crited name of registered agent and title if applicable (NCITE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Addition DELETE Change TITLE BROWNING, GEORGE F 1.2 NAME NAME **ROUTE 4, BOX 435** 1.3 STREET ADDRESS STREET ADDRESS STARKE FL 14 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLÉ 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME HAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TATLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

George F. BROWNING 1/13/98

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