2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G42020** May 08, 2000 8:00 am Secretary of State L. M. T. MASONRY OF JACKSONVILLE, INC. 05-08-2000 90151 026 ***150.00 Principal Place of Business Mailing Address 7110 MAYAPPLE ROAD 7895 SR 16A JACKSONVILLE FL 32211-4161 SAINT AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address 7965 County RO 16A Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2334722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRAWFORD, DAVID Street Address (P.O. Box Number is Not Acceptable) 7110 MAYAPPLE ROAD JACKSONVILLE FL 32211 Zip Code 32092 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE ☐ Delete 7965 County Ro 16A St. Augustine, FL 32092 XI Change CRAWFORD, DAVID NAME 7110 MAYAPPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP TITLE TITLE ☐ Detete 7965 County RO 16A St. Augustine, FL 32092 CRAWFORD, KAREN F. NAME NAME 7110 MAYAPPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME

13. 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 or supplemental 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 Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

x 4/27/00 x 904-363-