## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # G81363** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name WIREGRASS CONTRACTING, INC. 04-10-2000 90004 010 \*\*\*150.00 Principal Place of Business Mailing Address P. O. BOX 310310 RT 1 #5 SAYLES DR DALEVILLE AL 36322 #5 SAYLES DR ENTERPRISE AL 36331-0310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2404752 Not Applicable Country Zip Country Zio ----\$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 Name SMITH, HERMAN, M. JR Street Address (P.O. Box Number is Not Acceptable) SMITH, LYDE & COMPANY, P.A. 1230 AIRPORT RD PANAMA CITY FL 32405 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PD Addition TITLE Change TITLE ☐ Delete GAY, DANNY R. NAME NAME STREET ADDRESS STREET ADDRESS # 5 SAYLES DR CITY-ST-ZIP CITY-ST-ZIP DALEVILLE AL Detete Change ☐ Addition SRD TITLE TITLE GAY, JUDY P. NAME NAME STREET ADDRESS # 5 SAYLES DR STREET ADDRESS CITY-ST-ZIP DALEVILLE AL CITY-ST-7IP ☐ Addition Change TITLE Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.