2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # G81363** 1. Entity Name WIREGRASS CONTRACTING, INC. 04-13-2001 90053 003 ***150.00 Mailing Address Principal Place of Business P. O. BOX 310310 RT 1 #5 SAYLES DR #5 SAYLES DR UUU36U48 DALEVILLE AL 36322 **ENTERPRISE AL 36331** us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-2404752 Applied For. City & State City & State Not Applicable \$8.75 Additional Country Zip Country 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 32401 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE PD Delete TITLE GAY, DANNY R. NAME STREET ADDRESS STREET ADDRESS # 5 SAYLES DR CITY-ST-ZIP CITY-ST-ZIP DALEVILLE AL ☐ Addition ☐ Change TITLE Delete SRD TITLE NAME GAY, JUDY P. NAME STREET ADDRESS # 5 SAYLES DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALEVILLE AL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby 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