2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P01000095425 04-17-2006 90344 027 ***150.00 1. Entity Name WELBY HAMLIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 500 JEFFREY DR. 500 JEFFREY DR. ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3752200 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEE, WAYNE WELBY Street Address (P.O. Box Number is Not Acceptable) 500 JEFFREY DR. ST. AUGUSTINE FL 32086 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Addition DEE, WAYNE W NAME NAME STREET ADDRESS 500 JEFFERY DR STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL 32086 CITY-ST-ZIP Delete TITLE Addition JENNEY DEE 566 VEFFREY DR SAINT AUGUSTINE FL. 32086 NAME BANNER, JENNEY NAME STREET ADDRESS 500 JEFFERY DR STREET ADDRESS CITY-ST-2IP SAINT AUGUSTINE FL 32086 CITY-ST-ZIP TITLE . Delote TITLE ☐ Addition NAME BANNER, BRADLEY NAME STREET ADDRESS 500 JEFFERY DR STREET ADDRESS CITY-ST-7IP SAINT AUGUSTINE FL 32086 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

WAYNE W. DEE

NAME

STREET ADDRESS

CITY-ST-7IP

4-6-2006 904-794-2855

☐ Change

Addition

FILED