

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90007 040 \*\*\*550.00

**DOCUMENT # P94000045653**  
 1. Entity Name  
**FOY CONSTRUCTION, INC.**

Principal Place of Business <b>3429 BAINBRIDGE ROAD          LOT 8          PALATKA FL 32177</b>	Mailing Address <b>3429 BAINBRIDGE ROAD          LOT 8          PALATKA FL 32177</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8296 MELROSE ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>8296 MELROSE ROAD</b> Suite, Apt. #, etc.
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City & State <b>MELROSE FL.</b>	City & State <b>MELROSE FL.</b>
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4. FEI Number <b>59-3256391</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32666</b>	Country <b>CLAY</b>	Zip <b>32666</b>	Country <b>CLAY</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**FOY, JOSEPH M III  
 3429 BAINBRIDGE ROAD  
 LOT 8  
 PALATKA FL 32177**

7. Name and Address of New Registered Agent  
 Name: **FOY, JOSEPH M. III**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8296 MELROSE ROAD**  
 City: **MELROSE FL** Zip Code: **32666**

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: Joseph M. Foy III **JOSEPH M. FOY III PRESIDENT** **AUG 9, 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOY, JOSEPH M III 3429 BAINBRIDGE ROAD, LOT 8 PALATKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOY, JOSEPH M, III 8296 MELROSE ROAD MELROSE, FL. 32666 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Joseph M. Foy III **JOSEPH M. FOY III** **AUG 9, 2001** **(352) 475-5407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)

3416