2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90183 026 ***150.00

601675

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000010953

1. Entity Name

HELTON & ETHERIDGE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2449 HIGHWAY 95-A SOUTH CANTONMENT FL 32533	P.O. BOX 17432 PENSACOLA FL 32522-7432 US

2. Principal Place of Business	3. Mailing Address
209 Massachusetts Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Fl 32505	City & State
Zip: 32505 / Country: USA	Zip / Country

4. FEI Number 59-3426906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THERIDGE, BRENTON L
2449 HIGHWAY 95-A SOUTH
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name: Etheridge Brenton L.
Street Address (P.O. Box Number is Not Acceptable): 209 Massachusetts Ave
City: Pensacola FL Zip Code 32505

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 Brent Etheridge Brent Etheridge Vice President 1-6-00
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, 2000 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	DVT ETHERIDGE, BRENTON L 1109 QUIET CREEK ROAD PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELTON, JEROME H 35181 MAGNOLIA FARM ROAD ROBERTSDALE AL 36567	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Brent Etheridge Brent Etheridge V-Pres 1-10-00 850-433-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #