2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2003 8:00 am Secretary of State P97000064796 DOCUMENT # 1. Entity Name 03-19-2003 90396 001 ***300.00 GULICK AND MCDANIEL CONSTRUCTION, INCORPORATED Principal Place of Business Mailing Address 4155 DOW RD 4155 DOW RD UNIT 2 UNIT Z MELBOURNE FL 32934 MELBOURNE FL 32934 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 4155 DOW KO ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3459893 Not Applicable Country Country \$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 Name GOFF, BELINDA Street Address (P.O. Box Number is Not Acceptable) 4155 DOW RD UNIT Z MELBOURNE FL 32934 City 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 gistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME GULICK, DOUGLAS C. NAME 5525 Sandlake Dr Melbourne FC 329 STREET ADDRESS 1062 HOLLAND ST STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MCDANIEL, ROY NAME STREET ADDRESS 1399 HELLIWELL ST NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME GOFF, BELINDA NAME STREET ADDRESS 1062 HOLLAND ST STREET ADDRESS CITY-ST-7/P MELBOURNE FL 32935 CITY-ST-ZIP TITLE S ☐ Delete TITLE Change ☐ Addition NAME GOFF, BELINDA NAME 5525 Sand Lake Dr STREET ADDRESS 1062 HOLLAND STREET STREET ADDRESS CITY-ST-ZIP Melbourne FL 32934 MELBOURNE FL 32935 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if like empowered

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

FILED