| NORTH PALM | BEACH, FL 33408 | | | |
|---|--|--------------------------|--|-----|
| Current Ma | iling Address: | | | |
| 824 CINNAN NORTH PAI | /ON RD ∟M BEACH, FL 33408 | | | |
| FEI Number: 65-0698968 | | | Certificate of Status Desired: N | lo |
| Name and A | Address of Current Registered Agent: | | | |
| SMITH, MYRO 824 CINNAMO NORTH PALM | | | | |
| The above name | d entity submits this statement for the purpose of changing its regi | | | |
| | a entity submits this statement for the purpose of changing its regis | stered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURI | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | stered office or regis | tered agent, or both, in the State of Florida. | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | stered office or regis | | ate |
| SIGNATURI | E: | stered office or regis | | ate |
| SIGNATURI | Electronic Signature of Registered Agent | Title | | ate |
| SIGNATURI Officer/Dire | Electronic Signature of Registered Agent | | Da | ate |
| SIGNATURI Officer/Dire | Electronic Signature of Registered Agent Ctor Detail : PRES | Title | VP | ate |
| SIGNATURI Officer/Dire Title Name | Electronic Signature of Registered Agent Ctor Detail : PRES SMITH, MYRON B | Title Name | VP SMITH, SHARON M 824 CINNAMON RD | ate |
| SIGNATURI Officer/Dire Title Name Address | Electronic Signature of Registered Agent Ctor Detail : PRES SMITH, MYRON B 824 CINNAMON RD | Title Name Address | VP SMITH, SHARON M 824 CINNAMON RD | ate |

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ACCURATE BUILDING CONTRACTORS, INC.

DOCUMENT# P96000082454

824 CINNAMON RD

Address

Current Principal Place of Business:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MYRON B SMITH

1955 TUDOR RD.

City-State-Zip: JUNO ISLES FL 33408

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/28/2016

Date