2006 UNIFORM BUSINESS REPORT (UBR) 162408 DOCUMENT # Apr 05, 2000 8:00 am Secretary of State 1. Entity Name Reeves Steel, Inc. 04-05-2000 90105 042 \*\*\*150.00 Principal Place of Business Mailing Address 6550 New Tampa Highway Lakeland, FL 33815-3148 2. Principal Place of Business 3. Mailing Address same same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required USA Polk 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. 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. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE President NAME NAME Donald C. Marsh STREET ADDRESS STREET ADDRESS 5202 Coto Place CITY-ST-ZIP CITY-ST-ZIP Valrico, FL 33594 Addition ☐ Change TITLE Vice President Delete TITLE NAME Gregory L. Buckner STREET ADDRESS STREET ADDRESS 2708 Herndon Street Valrico, FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete Corporate Secretary NAME NAME Karen\_J.\_Marsh STREET ADDRESS STREET ADDRESS 5202 Coto Place CITY-ST-ZIP CITY-ST-ZIP Valrico, FL Change Addition TITLE TITLE ☐ Delete Corporate Treasurer NAME NAME K. Todd Marsh STREET ADDRESS STREET ADDRESS 5816 Peach Heather Trail CITY-ST-ZIP CITY-ST-ZIP -Valrico, FL 33594 ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

Donald C. Marsh, President 813-626-3141
OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR