2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am DOCUMENT # 218805 Secretary of State DERRICO CONSTRUCTION CORPORATION 03-28-2000 90038 050 ***150.00 Principal Place of Business Mailing Address 2225 AVOCADO AVENUE 2225 AVOCADO AVENUE P O BOX 361177 P O BOX 361177 MELBOURNE FL 32936-8177 MELBOURNE FL 32936-1177 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0858994 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEGERSON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 2245 MOCKINGBIRD LANE INDIALANTIC FL 32903 Zip Code FL 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 DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BEAR, DON T. NAME STREET ADDRESS 327 PROVINCIAL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL ☐ Addition VDT ☐ Delete TITLE Change TITLE OLSON, KIM TYREE NAME NAME STREET ADDRESS 323 PROVINCIAL DR. STREET ADDRESS CITY-ST-7IP INDIALANTIC FL CITY-ST-ZIP ☐ Change - - ☐ Addition TITLE · 🖸 Delete TITLE SEGERSON, R A NAME NAME 2245 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL Change ☐ Addition TITLE ☐ Delete SEGERSON, E., M NAME NAME 2245 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP INDIALANTIC FL ☐ Change ☐ Addition □ Delete TITLE OLSON, JON NAME NAME 323 PROVINCIAL DR STREET ADDRESS STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

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 the empowered.

CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

3/24/2000 321-254-2291

Daytime Phone #