2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # 233195** 04-25-2005 90312 048 ***150.00 1. Entity Name J.M. KING CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 20043953 J M KING J M KING 4535 8TH AVE SO 4535 8TH AVE SO SAINT PETERSBURG, FL 33711 SAINT PETERSBURG, FL 33711 2. Principal Place of Business 3. Mailing Address 5818 14th Ave S 5818 14th Ave S Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Cha-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For Gulfport FL 33707 59-0904351 Gulfport FLNot Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired U.S. U.S. 33707 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, JORDAN M Street Address (P.O. Box Number is Not Acceptable) 4535 8TH AVE S 5818 14th Ave S ST PETERSBURG, FL 33711 Zip Code 33707 Gulfport 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 registered agent. SIGNATURE. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE ☐ Delete TITLE Change ■ Addition KING, JORDAN M NAME NAME STREET ADDRESS 4535 8TH AVE. SOUTH STREET ADDRESS 5818 14th Ave S ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP Gulfport FL 33707 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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