2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 26, 2006 08:00 AN Secretary of State **DOCUMENT # 237213** 1. Entity Name ESCAMBIA CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 8900 U.S. 98, WEST P.O. BOX 3256 P. O. BOX 3256 PENSACOLA FL 32516 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-0902465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANTON, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 8900 U.S. 98 WEST PENSACOLA FL 32506 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 registered agent SIGNATURE Signature, typed or printed name of registered agent and lists a applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP HHE ☐ Change Addition ☐ Delete NAME BLANTON, MICHAEL NAME U00000535467 STREET ADDRESS 8900 U.S. 98, WEST STREET ADDRESS 05/08/06-80053-020 150.00 CITY-ST-ZIP CITY ST-ZIP PENSACOLA FL TITLE SDV Delete THIE ☐ Change Addition BLANTON, JOLYNE R HAME NAME STREET ADDIRESS 8900 U.S. 98, WEST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CHY-ST- 7P HILLE ☐ Detete ☐ Change Addition BHILE NAME NAME BLANTON, MARSHA S. STREET ADDRESS STREET ADDRESS 8900 U.S. 98, WEST CHY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Defete Addition TITLE TITLE Change NAME MAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF DITLE Delete THEF ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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