2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 24, 2000 8:00 am DOCUMENT # 284549 1. Entity Name Secretary of State LAR CONSTRUCTION CO., INC. 03-24-2000 90021 014 ***150.00 Principal Place of Business Mailing Address 7322 COPENHAGEN DR. 7322 COPENHAGEN DR. PANAMA CITY FL 82435-8153 PANAMA CITY FL 32404 US 2. Principal Place of Business 3. Mailing Address 4701 Cleveland St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4011ywood Applied For City & State 4. FEI Number City & State 59-1056595 FLORIDA Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 33020 BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOSEPHING PELLAR, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 4701 Cleve / AND STREET 7322 COPENHAGEN DRIVE PANAMA CITY FL 32404 FLORIDA HOllywood Zip Code 33020 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 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if apply a FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE T/T1 F PELLAR.JOSEPH R NAME NAME STREET ADDRESS 7322 COPENHAGEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE PELLAR, DAVID B NAME NAME STREET ADDRESS 1109 S BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL ☐ Addition Change ☐ Delete TITLE TITLE PELLAR, DAVID B. NAME NAME STREET ADDRESS 1109 S BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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.

3/16/00