2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 317376** 1. Entity Name JENSEN CIVIL CONSTRUCTION, INC. 01-29-2001 90010 019 ***158.75 Principal Place of Business Mailing Address 9100 PHILIPS HWY 9100 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 V V V V U U W 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1166537 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENSEN, LUCY B. Street Address (P.O. Box Number is Not Acceptable) 9100 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE PRESIDENT TDC TITLE TITLE Delete ☐ Addition ROGGE L. BAILEY NAME JENSEN, LUCY B. NAME STREET ADDRESS 9100 PHILIPS HWY 9100 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP 144 FL 3225C TITLE Delete TITLE Addition Change CHICK, MARY JENSEN NAME NAME STREET ADDRESS 9100 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE TITLE ☐ Delete Change - 🗍 Addition jousen Stephen f JENSEN, STEPHEN F. NAME 9100 PHILIPS HWY STREET ADORESS 9100 PHILIPS HWY STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP JACK SONVILLE asd TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHICK, GARLAND S. NAME STREET ADDRESS 9100 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition NAME KIRWAN, MICHAEL K NAME STREET ADDRESS 9100 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE **VPAS** ☐ Delete TITLE Change Addition NAME CARSWELL, JOHN M. NAME STREET ADDRESS 9100 PHILIPS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL

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 11 or Block 12 if changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE:

JOHN M. Carswell &