DOCU 1. Entity Nam	MENT # 324999				FILED	
	CONSTRUCTION CO., INC.			SECRETARY OF STATE SIVISION OF CORPORATIONS		
Principal Plac∈ of Business Mailing Address					01 MAY 15 PM 1:42	
3706 DMG DRIVE PO BOX 5468 LAKELAND FLA 33811-1043		3706 DMG DRIVE PO BOX 5468 LAKELAND FLA 33811-1043				
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 59-1199430 Applied For Not Applicable		
Zip	Country	Zip	Country	5.	Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	Name		Name and Address of New Registered Agent	
MOORE,BOBBY L			DUDDI L. MUUKE, JK			
3706 DMG DRIVE, P.O. BOX 5468			Street Ac		Box Number is Not Acceptable) DMG DRIVE P.O. BOX 5468	
LAKELAND FL 33803					AND, FL. 33807	
			City		FL Zip Code	
8. The above	named entity submits this statement for the	ne purpose of changing its	egistered office or	registered a	gent, or both, in the State of Florida.	
BIONATURE	Robbin La Man	u a			05-10-01	
SIGNATURE .	SigBOBBAq official MOOK Esteled But and	RESTEENT (NOT:	Registered Agent signatu	re required when	reinstating) DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	FEE IS \$150.00 1 Fee will be \$550.00 1 Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND DII	RECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MOORE,BOBBY L 22 WOODHALL DR MULBERRY FL 33860	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Marge ☐ Addition DENT L. MOORE, JR. BOX 5468 LAKELAND, FL. 33807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKES, WILLIAM S 2431 ELMHERST BLVD KENNESAW GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROBER 3706	AND DIRECTOR XXChange Addition T L. TENER DMG DRIVE AND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOORE, WILLIAM M. 5917 COLONY PLACE DR LAKELAND FL	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, BOBBY L JR. 22 WOODHALL DR. MULBERRY FL 33860	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4860	L. MOORE XXChange Addition LK. JULIANA DR. NDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANCHER, RONALD 6766 NELL'S WAY LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANNING, BARBARA KAY 4491 HIDDEN PINE COURT MULBERRY FL 33860	☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change □ Addition	
13. I hereby of indicated of the core	certify that the information supplied with th	ue and accurate and that r y ered to execute this report 1	/ signature shall h.	ave the same	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if	

Daytime Phone #