2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 340393 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name GEORGE T. MANN GENERAL CONTRACTOR, INC. 01-27-2000 90036 025 ***150.00 Principal Place of Business Mailing Address 2940 HANSON 2940 HANSON FT MYERS FL 33916-7508 FT MYERS FL 33916 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State 59-1263142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANN, GEORGE T JR Street Address (P.O. Box Number is Not Acceptable) 1453 SANDRA DRIVE FT. MYERS FL 33901 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change Addition ☐ Delete TITLE TITLE MANN, GEORGE T., JR. NAME NAME STREET ADDRESS 1453 SANDRA DR. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33901 CITY-ST-7/P ☐ Addition Change ☐ Delete TITLE MANN, BARBARA B NAME 3934 W. RIVERSIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP STD Addition ≠ Cffange TITLE- -- Delete MANN, JENA L NAME STREET ADDRESS 1453 SANDRA DR STREET ADDRESS FT MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE GEORGE T MANN III NAME NAME 1316 BURTWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. -18-00 441-334 SIGNATURE:

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