2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 367245** 1. Entity Name ROGERS SEAWALL COMPANY, INC. 04-26-2001 90314 046 ***150.00 Principal Place of Business Mailing Address 1732 STEADLEY AVENUE 1732 STEADLEY AVENUE PUNTA GORDA FL 33950-6099 PUNTA GORDA FL 33950-6099 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1301975 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 ROGERS, DONALD N Street Address (P.O. Box Number is Not Acceptable) 1732 STEADLEY AVE. **PUNTA GORDA FL 33950** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIN 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition ROGERS, DONALD N. NAME 1732 STEADLEY AVE. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP PUNTA GORDA FL TITLE ☐ Delete TITLE Change ☐ Addition SAVASUK, MICHELLE A NAME NAME STREET ADDRESS 425 W. ANN STREET STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY - ST-ZIP HTLδ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS C.TY-ST-ZIP CITY - S1 - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE ZIP CITY-ST-7iP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ROGERS, RESIGNING OFFICER OR DIRECTOR

4-18-01

(941) 539-2568

Daytime Phone #