2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # 406023** 1. Entity Name MCGEE MASONRY, INC. 02-01-2000 90079 010 ***150.00 Principal Place of Business Mailing Address 850 NORTH 61ST AVENUE 850 NORTH 61ST AVENUE PENSACOLA FL 32506 PENSACOLA FL 32506-4506 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-1408373 Not Applied Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent MCGEE.ROY H Street Address (P.O. Box Number is Not Acceptable) 850 NORTH 61ST AVENUE PENSACOLA FL 32506 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. 4 4 4 4 4 4 4 PD TITLE ☐ Change TITLE ☐ Delete MCGEE, ROY H NAME NAME STREET ADDRESS 850 N. 61ST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL _ · · · · · ☐ Change TITLE ☐ Delete TITLE MCGEE ROY D NAME NAME STREET ADDRESS STREET ADDRESS 850 N 61ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL · Change □ Delete IIILE NAME NAME MCGEE, RUBY STREET ADDRESS STREET ADDRESS 850 N. 61ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change TITLE TITLE ☐ Delete NAME MCGEE.RUBY NAME STREET ADDRESS STREET ADDRESS 850 N. 61ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL _ ·==== ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR