FILED Jun 16, 2002 8:00 am Secretary of State 06-16-2002 90695 027 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR))
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445205 **DOCUMENT #** 1. Entity Name CARL H. GAMMON & SONS, INC. Principal Place of Business Mailing Address 285 SW 33RD ST. 285 SW 33RD ST. FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address

283 SW 33RD ST.		283 SW 33RD ST.						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE			
City & Stat	e ERDALE, FL	City & State FT LAUDERDALE,	FL	4. 5	FEI Number 59-1508586		Applied For Not Applicable	
Zip	Country	Zip	Country		Dertificate of Status Desired	¢0.75		
33315		33315	US		أرزي المحادث بالمعط موجر	Fee Requ		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	Name	Name						
GAMMON, CARL H			Street Address (P.O. Box Number is Not Acceptable)					
6391 MOSELEY ST								
HOLLYWO	OOD FL 33024							
	City	City FL Zip Code						
A The above	named entity submits this statement for	the numose of changing its re	enistered office or re	nistered and	ent, or both, in the State of Florida			
G. THE GEOTE	Trained string substring the statement for	and purpose of changing to re	gistored effice of te	giotorea agt	one, or both, in the otate of horida.		1	
SIGNATURE .								
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature r	required when re	instating)	DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00					
Tax filing r	requirement and elects to do so.	After May 1, 2002			 Election Campaign Financin Trust Fund Contribution. 		5.00 May Be ded to Fees	
(See criter	ria on back)	Make Check Payable	to Department of	f State	ridaci dila obilindalori.	AU	Jed to rees	
11.	OFFICERS AND D	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Chang	ge 🔲 Addition 🖟	
NAME	GAMMON, CARL H		NAME					
STREET ADDRESS CITY-ST-ZIP	6391 NW MOSELEY ST		STREET ADDRESS CITY-ST-ZIP				1	
	HOLLYWOOD FL							
TITLE NAME	SD Gammon, Marguerite M	☐ Delete	TITLE NAME			☐ Chang	ge	
STREET ADDRESS	6391 NW MOSELEY ST		STREET ADDRESS				ľ	
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP				}	
TITLE	American American Communication	□ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	i	☐ Delete	TITLE			☐ Chang	e	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
			CITY-ST-ZIP					
TITLE NAME i		☐ Delete	TITLE .			☐ Chang	e	
STREET ADDRESS		•	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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40 Ibasalessa	الاستقالين المساول مستريب بمستواه مستسامة بما المستقال والمستقال بالكافيات	er mer i a mer e u		in Constant	40 07(0\(\text{O}\) Fig. 24. On the description			

reference certary 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: