2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # 450870 May 01, 2000 8:00 am Secretary of State CHANNELL CONSTRUCTION COMPANY, INC. 05-01-2000 90373 020 ***150.00 Mailing Address Principal Place of Business 8990 N. DAVIS HWY. #133 P O BOX 8066 POST OFFICE BOX 8066 PENSACOLA FL 32514 PENSACOLA FL 32505 US Principal Plece of Business Mailing Address /36% Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For ity & State 4. FEI Number 59-1530882 nsaci Not Applicable 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 Name CHANNELL, CHERYL N. Street Address (P.O. Box Number is Not Acceptable) 8990 N. DAVIS HWY. #133 PENSACOLA FL 32514 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME CHANNELL, DAVID M NAME 26 Rockwood Rd Pensacola, FL 32514 STREET ADDRESS STREET ADDRESS 8990 N. DAVIS HWY. #133 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete TITLE NAME CHANNELL, CHERYL N NAME 26 Rockwood Rd Ponsacola, FL 32514 STREET ADDRESS 8990 N. DAVIS HWY. #133 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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