FILED 2003 FOR PROFIT CORPORATION Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 451707 1. Entity Name 04-14-2003 90361 003 ***150.00 VERNON CONSTRUCTION CORPORATION Principal Place of Business Mailing Address -390-DONALD E. SMITH-BLVD .390-DONALD E. SMITH BLVD 60016498 DEBARY FL 32713 -DEBARY FL-32713----Principal Place of Business 3, Mailing Address 2415 WILDERNESS Blyd W WILDERNESS Blud ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 🗘ty & State 4. FEI Number 59-1606173 Not Applicable \$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 VERNON, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 390 DONALD E. SMITH BLVD DFBARY FL 32713 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. I am familiar with, and accept the obligations of **SIGNATURE** 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. Election Campaign Financing **\$5.00** May Be %fter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ■ Addition ☐ Delete 3201 Bayou Sound Longboat Key, FL 34228 3201 Bayou Sound Longboat Key, FL 3423 VERNON, WILLIAM G NAME NAME 390 DONALD E. SMITH BLVD STREET ADDRESS STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete TITLE TITLE VERNON, JANE A NAME NAME STREET ADDRESS 390 DONALD E. SMITH BLVD STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WELLAND A DE REQUI

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Dat

Daytime Phone #

Change

☐ Addition