2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 468738 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name SEMCO CONSTRUCTION, INC. 04-24-2000 90069 001 ***150.00 Principal Place of Business Mailing Address 205 CENTURY BLVD. 205 CENTURY BLVD. P.O. BOX 706 P.O. BOX 706 BARTOW FL 33831-0706 BARTOW FL 33830 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1570067 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (e-Carl-E-Jr LOCKE, CARL E P.O. Box Number is Not Acceptable) -216 COLLEGE GROVE CIR NE WINTER HAVEN FL 33881 3383C 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 (NOTE: Registered Agent signature required when reinstating) 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ĎΡ Addition Change TITLE ☐ Delete TITLE LOCKE, CARL E. JR. NAME NAME 205 Century Blad Bartow FL 33830 216 COLLEGE GROVE: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN-FL CITY-ST-ZIP Addition Change Change Delete TITLE TITLE LOCKE, SHANE D NAME NAME 205 Century Blvd Bartow FL 33830 -1934 THOROUGHBRED DRIVE-STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIE GOTHA FL,34743 Addition Change TITLE ☐ Delete TITLE BEASLEY, DANNY NAME NAME STREET ADDRESS 205 CENTURY BLVD STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 agreequired 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

ING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIG