2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 479724** 1. Entity Name BARINEAU AND SONS, INC. 04-25-2001 90174 005 ***150.00 Principal Place of Business Mailing Address 4808 WOODLANE CIRCLE 4808 WOODLANE CIRCLE TALLAHASSEE FL 32303-6808 TALLAHASSEE FL 32303-6808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1604652 Not Applicable Zip 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 BARINEAU, ELBERT L JR Street Address (P.O. Box Number is Not Acceptable) **4808 WOODLANE CIRCLE** TALLAHASSEE FL 32303-6808 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition BARINEAU, ELBERT L. JR. NAME NAME 1192 COE LANDING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARINEAU, STANLEY J. NAME NAME 7062 BLUEBERRY HILL DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered L BARINESE JE 41901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR