## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 14, 2000 8:00 am Secretary of State **DOCUMENT # 531260** 1. Entity Name PRIDGEN BROTHERS CONSTRUCTION COMPANY, INC. 03-14-2000 90009 004 \*\*\*158.75 Principal Place of Business Mailing Address 4829 HWY 22 4829 HWY 22 PANAMA CITY FL 32404 PANAMA CITY FL 32404-6231 600000147 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1731804 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 PRIDGEN, JERRY C. Street Address (P.O. Box Number is Not Acceptable) 608 NORTH 9TH ST. PANAMA CITY FL Zip Code City F١ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition Delete TITLE PRIDGEN, GEORGE W. NAME NAME STREET ADDRESS 2804 AMELIA AVENUE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition □ Delete TITLE TITLE PRIDGEN, JERRY C. NAME NAME STREET ADDRESS 608 N. 9TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Addition ☐ Delete TITLE PRIDGEN, JERRY C. NAME NAME STREET ADDRESS STREET ADDRESS 608 N. 9TH ST CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

Erry C. Pridgen 3-8-00 850 16

CR2E034 (9/99