

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90099 005 \*\*\*150.00

**DOCUMENT # 531260**

1. Entity Name  
**PRIDGEN BROTHERS CONSTRUCTION COMPANY, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>4829 HWY 22<br>PANAMA CITY FL 32404 | Mailing Address<br>4829 HWY 22<br>PANAMA CITY FL 32404 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-1731804</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent                               |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>PRIDGEN, JERRY C.</b><br><b>608 NORTH 9TH ST.</b><br><b>PANAMA CITY FL</b> |  |  |  | Name   |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |          |  |
|   |  |  |  | City   |  |          |  |
|   |  |  |  | FL   |  | 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                    |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|--------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | P                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PRIDGEN, GEORGE W. |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2804 AMELIA AVENUE |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | PANAMA CITY FL     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | VP                 | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PRIDGEN, JERRY C.  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 608 N. 9TH ST.     |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | PANAMA CITY FL     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | S                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PRIDGEN, JERRY C.  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 608 N. 9TH ST      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | PANAMA CITY FL     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **4-27-02** Daytime Phone #: **850 763 1750**

CR2E034 (9/01)