2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 542473 May 12, 2000 8:00 am Secretary of State CRAGGS CONSTRUCTION CO. 05-12-2000 90050 050 ***158.75 Principal Place of Business Mailing Address 4101 NE 35TH STREET 4101 NE 35TH STREET **OCALA FL 34479** OCALA FL 34479-3239 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1760405 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 Name THOMAS J. CRAGGS Street Address (P.O. Box Number is Not Acceptable) 1022 S.E. 10TH ST. OCALA FL 34470 Zip Code FL 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Change Addition Delete TIBE TITLE CRAGGS, THOMAS J. NAME NAME 1022 S.E. 10TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP X Change ☐ Addition ☐ Delete TITLE CRAGGS, THOMAS J., JR. NAME Craggs, Thomas J., Jr. 261 SE 54TH, CT. STREET ADDRESS STREET ADDRESS 3402 SE 15th Street CITY-ST-ZIP CITY-ST-ZIP OCALA FL Ocala, Fl 34471 f ☐ Change ☐ Delete TITLE ☐ Addition TITLE CRAGGS, JAMES L. NAME NAME Craggs, James L. Craggs STREET ADDRESS 1025 SE 56TH CT. STREET ADDRESS 1025 SE 56th Ct. CITY-ST-71F **OCALA FL 34471** CITY-ST-ZIP Ocala, F1. 34471 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7(P ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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