2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 615757 **DOCUMENT#**

FILED Mar 19, 2003 8:00 am Secretary of State

Address Support Place of Business Address 2400 COPPHN ROAD TITUSVILLE FL 22780	WRIGHT CONSTRUCTION COMPANY INC.									03-19-200	3 90181 0	30 ***150	0.00	
Sutto, Ap. L. e. std. Check Here if MAKING CHANGES City & State City & City & State City & State City & C	2340 DOLPHII	n road	2340	2340 DOLPHIN ROAD										
City & State City & State City & State City & State A. FEI Number 59-1910406 Rost Applicable Rost Appl	Principal Place of Business 3. Mailing Address													
Country Zip Country Zip Country St. Certificate of Status Desired Set. 75 And Conference Set. 75 And Conf	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Certificate of Status Desired Fee Required F	City & Stat	te	***	City	City & State			4	. FEI Number	59-191040	06		<u> </u>	
WRIGHT, CHARLES EDWARD 2340 DOL/PHIN ROAD TITUSVILLE FL City City FL Zity Code City City FL Zity Code City	Zip Country			Zip		Coun	try				i 🗆			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorda Department of State O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE MAKE SIRRET ADDRESS CITY-ST-2P TILE DP WIGHT, CHARLES E SIRRET ADDRESS CITY-ST-2P TILE Delete TILE		6. Name	and Address of Cu	ırrent Registere	ed Agent			7	. Name and A	ddress of New	Registered	Agent		
Single Address (P.C. Box Number's Not Acceptable) TITUSVILLE FL Sin The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fordia. I am sumiliar with, and accept the collegations of registered agent. SIGNATURE SIGNATU			د د د د د د ا				Name			_			.	
### City FL Zip Coult							Street Addr	ress (P.O	. Box Number	is Not Acceptal	ble)			
S. The above named entity submits this statement for tine purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. Comparison of the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.	2340 DOLPHIN ROAD													
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGN_TTURE	TITUSVILLE FL													
SIGNATURE Signature to registered agent STEEL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make After May 1, 2003 Fee will be \$550.00 Added to Fees May 1, 2003 Fee							City				FL	Zip Cod	ie	
FILE NOW!! FEELS \$15.00 Make Check Payable to Florida Department of State OP														
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OP WRIGHT, CHARLES E 2340 DOLPHIN ROAD TITUSVILLE FL OLIVISTICAP ORDER OINT-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
After May 1, 2003 Fee will be \$\$50.00 May Be Make Check Payable to Florida Department of State 10.	. E	II E NOWIU	EEE 10 01E0 0	,										
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	NAME Street address City-St-Zip	portify that the	information are all	of with this file		NAME STREE CITY-	ET ADDRESS ST-ZIP	in Carri	n 110 07/0\frac{1}{2}	Florida CV	n 16:-4L	_ ,		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: