FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 638018 McCullough Construction, Inc. 6014 Shirley St. 6014 Shirley St Suite C Suite C 3. Date Incorporated or Qualified 3a. Date of Last Report Naples, FL Naples, FL 33942 1010111979 28. Mailing Address 26 (10 Richard McCullough Applied For 21 Clo Richard Mccullough Not Applicable Suite Apt #, etc Suite Apt #, etc 409 Candle would Lane \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees Country 8. This corporation has fiability for intangible tax under s. 199.032. X Yes ☐ No Florida Statutes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name McCullough, Richard F. 4014 Shrvley St. Street Address (P.O. Box Number is Not Acceptable) 82 83 Suite C Naples, FL 84 33942 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE ₽Ď 1 1 TITLE McCullough, Richard F. 4014 Shirley St., #C 12 NAME NAME 13 STREET ADDRESS STREET ADDRESS Naples, FL 33942 CITY - ST - ZIP 14 CHTY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST ZIP CITY-S1-ZIP DELETE Change Addition 3 1 TITLE THILE 32 NAME * NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition THE 4 1 TITLE 4.2 NAME NAME 4 3 STREET ADORESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 5 1 TITLE THILE 100001807241 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS -05/03/96--01085--009 54 CHTY-ST-ZIP ***200.00 CHTY - ST - Z-P Addition DELETE TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florica Statutes I further certify that the information indicated on this annual report or supplemental annual 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 Business 2 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: