2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State **DOCUMENT # 649419** 1. Entity Name JIM TERRY CONSTRUCTION CO. 05-15-2001 90186 007 ***150.00 Principal Place of Business Mailing Address % JAMES W. TERRY, SR. % JAMES W. TERRY, SR. UVU04/74 6402 U. S. HWY. 27 SOUTH 6402 U. S. HWY. 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1968365 Not Applicable Zip Country 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 Terry, James W Sr. Street Address (P.O. Box Number is Not Acceptable) 6402 U.S. HWY. 27 SOUTH SEBRING FL 33870 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 e of registered agent and title if appl (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 rus eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be (ax filing requirement and electe to do so After MAY 1, 2001 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 TITLE Change ☐ Addition ☐ Delete TITLE TERRY SR, JAMES WILLIAM NAME NAME 6402 US HIGHWAY 27 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SEBRING, FL 00000 Change ☐ Addition Delete TITLE TERRY, SR JAMES WILLI NAME NAME STREET ADDRESS 6402 SU HWY 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING, FL 00000 CITY-ST-ZIP - 🔄 Delete _ _ _ Change Addition TERRY, JAMES WILLIAM JR. NAME NAME STREET ADDRESS 6402 U.S. 27 S. STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: James W Terry Jr 4/26/01 863-385-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR Date Daytime Phone #