## 1 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 685694 1. Entity Name JERRY'S JOHNS AND CONSTRUCTION CO., INC. OI APR 27 PM 12: 51 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA 3520 LEWIS SPEEDWAY P.O. BOX 3767 ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095-3767 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 59-2023861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 又 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRILEY, D. RANDALL E Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BLVD STE 4 ATLANTIC BEACH FL 32233 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects 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 OFFICERS AND DIRECTORS 11. ☐ Delete Change ☐ Addition TITLE NAME MILLS, GERALD E. STREET ADDRESS STREET ADDRESS 3520 LEWIS SPEEDWAY CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 STD TITLE Change ☐ Delete TITLE NAME NAME MILLS, DIANE N. 300004085303-STREET ADDRESS STREET ADDRESS 3520 LEWIS SPEEDWAY -04/27/01--01060--004 CITY-ST-7IP CITY-ST-ZIP \*\*\*\*158.75 \*\*\*\*158.75 ST. AUGUSTINE FL 32095 Change Addition TITLE Delete TITLE NAME NAME MILLS, G. GREGORY STREET ADDRESS STREET ADDRESS 3520 LEWIS SPEEDWAY CITY-ST-ZIP CITY-ST-7IP ST. AUGUSTINE FL 32095 ☐ Change **VPD** Delete ☐ Addition TITLE TITLE NAME NAME LONG, JAMES D STREET ADDRESS STREET ADDRESS 3520 LEWIS SPEEDWAY CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2001

(904) 829-3400

Daytime Phone #