2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2003 8:00 am Secretary of State 687878 DOCUMENT # 09-05-2003 90108 013 ***550.00 1. Entity Name MCGEEHAN & SONS, INC. Principal Place of Business Mailing Address 5426 SPRING HILL DRIVE 5426 SPRING HILL DRIVE SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2352666 Not Applicable Country Zip 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 -Name MCGEEHAN, MARGARET M. Street Address (P.O. Box Number is Not Acceptable) 5426 SPRING HILL DRIVE SPRING HILL FL 34606 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition MCGEEHAN, CONNELL H NAME NAME 5426 SPRING HILL DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME MCGEEHAN, KEVIN S NAME 5426 SPRING HILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE Delete_ TITLE Change Addition MCGEEHAN, HUGH C NAME NAME DECEASED 497 SAVOY CT. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MCGEEHAN, MARGARET M NAME NAME 497 SAVOY CT. STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 trusted ensured 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP