2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 694318** D. GARRETT CONSTRUCTION, INC. 02-08-2001 90037 027 ***158.75 Principal Place of Business Mailing Address 4933 N. TAMIAMI TRAIL 4933 N TAMIAMI TR SUITE 300 SUITE 300 34103 NAPLES FL 33940 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2111672 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 Name GARLICK, THOMAS B. Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BLVD STE 300 NAPLES FL 34108 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE J8 \$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SCEO DIRECTOR TITLE ☐ Delete TITLE GARRETT, DONALD NAME NAME 4933 N. TAMIANI TRAIL 933 TIERRA LAGO WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34119 NAPLES FL. 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TREASURER GILBERT, BRUCE NAME NAME 2232 OUTRIGGER LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GRANHOLM, JON 2248 OUTRIGGER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition KOVACH, BRAD 4250 HAWAII BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 rederver 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.

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CITY-ST-ZIP

FILED