2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

AND TYPED OR PRINTED NA

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # 695376** 1. Entity Name 02-25-2004 90035 028 ***150.00 RUSSELL NORTH CONSTRUCTION, INC. Principal Place of Business Mailing Address UZUAAVIV 187 N.W. FOREST MEADOWS AVE 187 N.W. FOREST MEADOWS AVE LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2105605 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLBROOK, H. LEON 2301 INDEPENDENT SQ., ONE INDEPENDENT DR. JACKSONVILLE FL 32202 Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE NORTH, JEAN B NAME NAME 895 PLANTATION BLVD 187 NW Forest N STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055 DP ☐ Change ☐ Addition TITLE ☐ Delete 895 PLANTATION BLVD. 187 NW FOREST NAME STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Change TITLE ☐ Delete ☐ Addition teado US AVE. NAME NORTH, JOHN RUSSELL J STREET ADDRESS 895 PLANTATION BLVD 187 NW FOREST CITY-ST-ZIP LAKE CITY FL 32055 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 2-12-04 SIGNATURE:

FILED