2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § DOCUMENT # F00000006614 Secretary of State 05-17-2001 91312 042 ***150.00 SOUTHERN REGIONAL CONTRACTORS, INC.: Principal Place of Business Mailing Address 802 HWY 43 S 802 HWY 43 S 001000 SUITE C SUITE C SARALAND AL 36571 SARALAND AL 36571 2. Principal Place of Business 3. Mailing Address 1015 SHELTON BEACH RA P.O. BOX 582 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SARALAND, AL City & State Applied For 4. FEI Number 63-1242869 AL SARALAND Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 36571 36571 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent" THOMAS, TED Street Address (P.O. Box Number is Not Acceptable) RENTAL SERVICE CORP 350 W HERMAN ST PENSACOLA FL 32505 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. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (10/00 CVPV Change TITLE ☐ Delete TITLE NAME NAME SILCOX, ANTHONY R STREET ADDRESS STREET ADDRESS 7465 BELLINGRATH RD CITY-ST-789 CITY-ST-7IP THEODORE AL 36582 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME SILCOX, ANTHONY R STREET ADDRESS STREET ADDRESS 7465 BELLINGRATH RD CITY-ST-ZIP CITY-ST-7IP THEODORE AL 36582 ☐ Change - ☐ Addition TITLE ---- Detete - ---TITLE Vice-President NAME NAME Claude R. Phillips Jr. STREET ADDRESS STREET ADDRESS 6755 Lott Rd CITY-ST-ZIP CITY-ST-ZIP Semmes, Al 36575 TITLE ☐ Delete √ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

5-11-01

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

SIGNATURE: