2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am **Secretary of State ANNUAL REPORT** 01-23-2006 90047 015 ***150.00 DOCUMENT # F05000000728 1. Entity Name BRUNSON NICHOLS CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 31775 OAKEY STREAK RD. ANDALVSIA, AL 36421 31775 OAKEY STREAK RD. ANDALVSIA, AL 36421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For tndalu 63-0908343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Detete TITLE NICHOLS, BRUNSON NAME NAME STREET ADDRESS 31775 OAKEY STREAK RD. STREET ADDRESS ANDAL(VSIA, AL 36421 CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change . ☐ Addition TITLE TITLE NICHOLS, TODD NAME 31775 OAKEY STREAK RD. STREET ADDRESS STREET ADORESS ANDALWSIA, AL 36421 CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE Change ☐ Addition NICHOLS, ZOLA NAME NAME 31775 OAKEY STREAK RD. STREET ADDRESS STREET ADDRESS ANDALÚSIA, AL 36421 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 9 hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-S1-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE;

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

ITTLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Change

Addition