

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90003 009 ***150.00

DOCUMENT # F45109

1. Entity Name
RON PUTMAN CONSTRUCTION, INC.

Principal Place of Business

**112 LEGAND LAKES DR
P.O. BOX 28375
PANAMA CITY FL 32411**

Mailing Address

**112 LEGAND LAKES DR
P.O. BOX 28375
PANAMA CITY FL 32411**

2. Principal Place of Business

1233 Huntington Ridge Rd

3. Mailing Address

1233 Huntington Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven FL

City & State

Lynn Haven FL

4. FEI Number

59-2397344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HESS, GLENN L
9108 W. HIGHWAY 98
PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
P
NAME **PUTMAN, JAMES R**
STREET ADDRESS **P.O. BOX 28375, NA**
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE Delete
NAME **VPS**
STREET ADDRESS **PUTMAN, ANITA W**
CITY-ST-ZIP **P.O. BOX 28375, NA**
PANAMA CITY BCH FL

TITLE Delete
NAME **D**
STREET ADDRESS **PUTMAN, KIMBERLY RENEE**
CITY-ST-ZIP **3016 LINDHOLM DR E.**
MOBILE AL 36693

TITLE Delete
NAME **D**
STREET ADDRESS **PUTMAN, KELLY MICHELLE**
CITY-ST-ZIP **P.O. BOX 28375, NA**
PANAMA CITY BCH FL

TITLE Delete
NAME **D**
STREET ADDRESS **HOLIDAY, JOE**
CITY-ST-ZIP **1614 NEW HAMPSHIRE AVE**
LYNN HAVEN FL 32444

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME *P Putman, James R*
STREET ADDRESS *1233 Huntington Ridge Road*
CITY-ST-ZIP *Lynn Haven FL 32411*

TITLE Change Addition
NAME *UPS*
STREET ADDRESS *Putman, Anita W*
CITY-ST-ZIP *1233 Huntington Ridge Rd,*
Lynn Haven FL 32411

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *~~Putman~~ meyer, Kelly Putman*
STREET ADDRESS *5017 Delaport Avenue*
CITY-ST-ZIP *Orlando, FL 32812-1124*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

(850) 2653376

Daytime Phone #

CR2E034 (9/01)