2007 FOR PROP AMENDED AI	TT CORPORAT		
DOCUMENT # F91615 1. Entity Name V.J. USINA CONTRACTING, INC.			FILED 07 JUN-I AM 8:08
Principal Place of Business 4669 AVENUE A SAINT AUGUSTINE, FL 32095	Mailing Address 4669 AVENUE A SAINT AUGUSTINE, FL 33	2095	TALL AHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		05242007 Chg-P CR2E034 (12/06)
City & State	City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	4. FEI Number Applied For 59-2203141 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
CAMPBELL, ANDREW D 1435 SCOTT ROAD		E	<u>ss (P.O. Box Nember is Not Acceptable)</u>
JACKSONVILLE, FL 32259		81 K	Ling St, Swite A
		cily St.	Augustine FL 202034
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			
Amended AR is \$61.25	9. Election Campaig. Trust Fund Contrit	~ ~ `	\$5.00 May Be Added to Fees
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME USINA, V.J., III STREET ADDRESS 1131 4TH STREET		NAME W STREET ADDRESS 83	illiam Buckley Change Raddition 5 camp Jonnson Rd avge Park, FL 32065
TITLE FTS NAME USINA, GWENDOLYN STREET ADDRESS 1131 4TH STREET	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE VPGM NAME ALLEN, JOHN STREET ADDRESS 8260 RIVER ROAD CITY-ST-ZIP SAINT AUGUSTINE, FL 3205	Defete	NAME JO STREET ADDRESS & G	erations manager, VP Change Addition the Allen DOC River Ed Augustine, FL 3209.2
TITLE VP NAME CAMPBELL, ANDREW STREET ADDRESS 1435 SCOTT ROAD CITY-ST-ZIP JACKSONVILLE, FL 32259	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 300104256163 06/12/0701014013 **61.25
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREE 1 ADDRESS CITY - ST-ZIP	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: NUMBER TO VJ USING THE, President 05/24/07 (904) 829-6727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date			