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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F9400004018 (7)

IMPROVED CONSTRUCTION METHODS INC

City & State Ci	IMPROVED CONSTRUCTION METRODS, INC.								
PO BOX 5788 AMCKSOMNILE AR 72078	Principal Place	of Business	Mailing Address			I INDIIND CITA IBITI BIBIT BOILL DA)		NI TIBOT ABST KODI
Part	PO BOX 5798		PO BOX 5798		2. Date become which as Qualified	20 Date	of Last De	and a	
Substitution Subs						08/02/1994			
Supplementary Supplementar	2. Principal Pla	ice of Business				1	•	\vdash	
27	21	t oto	· · - · · · · · · · · · · · · · · · · ·			/1-041431/			
20	22		⊢ ¬	¬ ' '		5. Certificate of Status Desired			
29			}-¬						
Street Address of Now Registered Agent		Country		Country					
STOCK CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROA	24	ere de como de la compania del compania del compania de la compania del compania	- L	30		Horida Statutes	□No		
B2 Street Address (P.O. Box Number e Not Acceptable) 11. Pursuant to the provisies of Sections 607,0502 and 607 1502. Florids Statistics the above named corporation submits this statement for the purpose of changing its registered above, or both, in the State of 607,0502 and 607 1502. Florids Statistics the above named corporation submits this statement for the purpose of changing its registered above, or both, in the State of 607,0502 and 607 1502. Florids Statistics the above named corporation submits this statement for the purpose of changing its registered above. In the State of 607,0502 and 607 1502. Florids Statistics the above named corporation submits this statement for the purpose of changing its registered above. In the State of 607,0502 and 607 1502. Florids Statistics the above named corporation submits this statement for the purpose of changing its registered above. In the Statistics of the state of friends in the		9. Name and Address of Current	Registered Agent			10. Name and Address of New F	tegistered A	gent	
1200 SOUTH PINE ISLAND ROAD 18 18 18 18 18 18 18 1				81	Name				
PLANTATION FL 33324				82	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
The Present to the provisions of Sections 607.05/02 and 607.15/08. Florida Statistics. the above named corporation's sharets this statement for the personse of changing as registered agent, if an entire think and accept the objections of Section 607.05/05, florida Statistics. The Provisions of Sections 607.05/02 and 607.15/08. Florida Statistics. Such change was authorized by the corporation's Leard of directors. I hereby accept the appointment as registered agent, if an entire think and accept the objections of Section 607.05/05, florida Statistics. The Provisions of Sections 607.05/05, florida Statistics. The Provision accept the appointment as registered agent, if an entire think and accept the objection of Section 607.05/05, florida Statistics. The Provision accept the appointment as registered agent, if an entire think and accept the objection of Section 607.05/05, florida Statistics. The Provision accept the objection of Section 607.05/05/05/05/05/05/05/05/05/05/05/05/05/0				83					
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SQUANT S	or registere	ed agent, or both, in the State of Florida	 Such change was authoriz 	ed by the corpor	med corpor ation's boar	ation submits this statement for the pur d of directors. Thereby accept the app	rpose of cha ointment as	nging its re registered	egistered office agent. Lam
12		n, and accept the obligations of, Section	i 607.0505, Florida Statutes						
MITHE		Signature: typed or ported harried regulations a port a:	ditte rappleare (to	OL Hespites and Ages 1's	graduse réquire	Livibes remediating	LA'E		
NAME	12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	IÇERS AND	DIRECTO	RS IN 12
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TITLE	STREET ADDRESS			1.3 STREET AU	DDRESS				
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NAME WILSON, PAT	CITY-ST ZIP	CABOT AR 72023		2.4 CITY - ST -	ZiP				
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14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR

Day, this Place #