2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000004420 Jan 21, 2000 8:00 am Secretary of State APEX CONTRACTING, INC. 01-21-2000 90097 019 ***158.75 Principal Place of Business Mailing Address PO BOX 798 PO BOX 798 PARIS KY 40362-0798 PARIS KY 40362-0798 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 61-0728559 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANNON, W. P. Street Address (P.O. Box Number is Not Acceptable) 1 N TUTTLE AVE SARASOTA FL 34237 Zip Code City FL 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 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITNEY, FRANK D NAME NAME 252 EASTRIDGE DR STREET ADDRESS STREET ADDRESS PARIS KY 40361 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE WHITNEY, FRANK D JR NAME 252 EASTRIDGE DR STREET ADDRESS STREET ADDRESS **PARIS KY 40361** CITY-ST-ZIP CITY-ST-ZIP DCV . _ . Change _ Addition Delete - ---TITLE TITLE BUCHANAN, REID S NAME NAME 1608 JACKSTOWN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PARIS KY 40361** CITY-ST-ZIP DS ☐ Delete ☐ Change Addition JONES, BONITA C NAME 160 KERRVILLE LN STREET ADDRESS STREET ADDRESS **PARIS KY 40361** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

(606) 987-1637

Daytime Pt

1-10-A