2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-29-2001 90006 020 ***550.00

660631

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000000488

1. Entity Name
JOLIVETTE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 18349~~ ~~PANAMA CITY BEACH FL 32417~~	P.O. BOX 18349 PANAMA CITY BEACH FL 32417

2. Principal Place of Business	3. Mailing Address
4421 Thomas Dr.	
Suite, Apt. #, etc.: Suite 802	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State
Zip: 32408 Country: US	Zip Country

4. FEI Number 93-0897520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, BONNI P
~~8204 GRAND PALM BLVD~~
~~PANAMA CITY BEACH FL 32408~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 4421 Thomas Dr., Suite 802
City: Panama City Beach FL Zip Code: 32408

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] V.P. Bonni P. Thompson DATE 5/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD JOLIVETTE, STEVEN L ~~8204 GRAND PALM BLVD~~ PANAMA CITY BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4421 Thomas Dr, Suite 802
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD THOMPSON, BONNI P ~~8204 GRAND PALM BLVD~~ PANAMA CITY BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4421 Thomas Dr, Suite 802
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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] V.P. Bonni P. Thompson V.P. 5/24/01 (850) 233-0879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)