SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** F97000004024 (2) FACCHINA CONSTRUCTION COMPANY INC. Mailing Address Principal Place of Business PO BOX 186 PO BOX 186 LAPLATA MD 20646 LAPLATA MD 20646 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1528613 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE ☐ Change ☐ Addition FACCHINA, PAUL V SR 1.2 NAME NAME 8785 MT. AIR STREET ADDRESS 1.3 STREET ADDRESS **NEWBURG MD 20664** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change ___ Addition ANDERSON, DAVID E NAME 2.2 NAME 104 MALLARD LANE STREET ADDRESS 2.3 STREET ADDRESS LAPLATA MD 20646 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE ___ Change MCHERSON, CHARLES W NAME 3.2 NAME 13 QUAILWOOD PARKWAY 3.3 STREET ADDRESS STREET ADDRESS LAPLATA MD 20646 CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change ___ Addition MCPHERSON, CHARLES W NAME 4.2 NAME 13 QUAILWOOD PARKWAY STREET ADDRESS 4.3 STREET ADDRESS LAPLATA MD 20646 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE __ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. 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 annual report or supplier material 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

PJEE-EZP(0E) 8P-8-1

Change Addition