2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 01, 2000 8:00 am DOCUMENT # F9800000526 Secretary of State W. E. DAVIS & SONS CONSTRUCTION CO., INC. 03-01-2000 90036 045 ***150.00 Mailing Address Principal Place of Business PO BOX 838 PO BOX 838 **DAPHNE AL 36526-0838** DAPHNE AL 36526 2. Principal Place of Business 3. Mailing Address 26151 Equity Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1177341 Not Applicable Daphne, Alabama \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 36526 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDDINS, WILLIAM ESQ Street Address (P.O. Box Number is Not Acceptable) 900 N. PALAFOX ST PENSACOLA FL 32501 Zip Code 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE DAVIS. WILLIAM E NAME NAME STREET ADDRESS 7262 SALUDA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPANISH FORT AL 36527 ☐ Addition Change ☐ Delete TITLE DAVIS, DONALD R NAME STREET ADDRESS 14467 COUNTY ROAD 27 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRHOPE AL.36532- -Change ☐ Addition ☐ Defete TITLE TITLE DAVIS, GIGI NAME NAME STREET ADDRESS 14467 COUNTY ROAD 27 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRHOPE AL 36532 Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, SUE K NAME NAME 7262 SALUDA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPANISH FORT AL 36527 Change ☐ Addition TITLÉ ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

2-23-2000

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(334)625-0010

Daytime Phone #