FILED Aug 24, 2000 8:00 am Secretary of State DOCUMENT # F99000001156 1. Entity Name PINNACLE CONSTRUCTION SERVICES, INC. 08-24-2000 90032 008 \*\*\*400.00 07-19-2000 90022 029 \*\*\*150.00 Principal Place of Business Malling Address 330 MAIN STREET 330 MAIN STREET FRANKLIN TN 37064-2614 Franklin tn 37064 CICOOOO 2. Principal Place of Business 3. Mailing Address 133 Holiday 133 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Swite Swite Applied For City & State 4. FEI Number City & State ranklin Franklin 1651571 Not Applicable 62 \$8.75 Additional 5. Certificate of Status Desired 7067 Williamson 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YACQUES, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 6184 BURNING TREE LANE SPRING HILL FL 34606 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE DENOYELLES, JOAN R NAME NAME <u>ت</u> 4 113 CLIFFE RUN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FRANKLIN TN 37084 ☐ Addition ☐ Change VSTD ☐ Deleta TITLE TITLE NAME CLARK, J A NAME STREET ADDRESS 193 SPICER-ROAD--- ~ STREET ADDRESS CITY-ST-ZIP **BURNS TN 37029** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change 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-ZIP I hereby certify that the information supplied with this filling 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. C PACON <u>(615)591-9933</u> SIGNATURE:

7/:

2000 UNIFORM BUSINESS REPORT (UBR)