2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # G35454** A & J CONSTRUCTION MANAGEMENT CO., INC. 03-16-2001 90005 046 ***150.00 Principal Place of Business Mailing Address 1962 CENTERVILLE ROAD P.O. BOX 15964 TALLAHASSEE FL 32317-5964 TALLAHASSEE FL 32308 D0025705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2305589 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHICK, MARTIN J. JR. Street Address (P.O. Box Number is Not Acceptable) 1962 CENTERVILLE ROAD TALLAHASSEE FL 32308 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) FILE NOWLLEEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE CHICK, STACY L. NAME STREET ADDRESS STREET ADDRESS 1962 CENTERVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE Change Addition TITLE CHICK, MARTIN J. JR. NAME NAME STREET ADDRESS STREET ADDRESS 1962 CENTERVILLE ROAD CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(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:

NG OFFICER OR DIRECTOR