## **DOCUMENT # G64253**

1. Entity Name

J. DANIEL HOWARD CONSTRUCTION CO., INC.

Principal Place of Business 1246 TALL PINE TRAIL GULF BREEZE FL 32561

Mailing Address

1246 TALL PINE TRAIL GULF BREEZE FL 32561

2.	Principal	Place	of	Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Country

DAVIS, ROLLIN D. JR.

226 S PALAFOX ST. PENSACOLA FL 32501

City & State

Zip Country

## Mar 06, 2001 8:00 am **Secretary of State**

03-06-2001 90352 033 \*\*\*150 00

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2350924

7. Name and Address of New Registered Agent

Applied For Not Applicable \$8.75 Additional

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

City

(NOTE: Registered Agent signature required when reinstating)

DATE

Zip Code

Fee Required

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE X Delete TITLE PD T Change HOWARD, J. DANIEL NAME HOWARD, J. DANIEL 1101 GULF BREEZE PKWY #82 STREET ADDRESS STREET ADDRESS 1246 TALL PINE TRAIL CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** GULF BREEZE, FL 32561 X Delete (X) Change HOWARD, J. DANIEL HOWARD, J. DANIEL NAME STREET ADDRESS 1101 GULF BREEZE PKWY #82 STREET ADDRESS 1246 TALL PINE TRAIL CITY-ST-ZIP **GULF BREEZE FL** CITY-ST-ZIP GULF BREEZE, FL 32561 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

towsro