2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G95294** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name GUNNSTRUCTION, INC. 04-07-2000 90043 021 ***150.00 Principal Place of Business Mailing Address 300 MAGNOLIA AVE. 300 MAGNOLIA AVE. SUITE D. SUITE D MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-4818 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 59-2457878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JESTER, JERRY L. Street Address (P.O. Box Number is Not Acceptable) 15 E. MERRITT ISLAND CAUSEWAY **SUITE #307** MERRITT ISLAND FL 32954-8196 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE GUNN, WILLIAM E. NAME NAME 490 MOHAWK TRAIL STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE GUNN, WILLIAM E. NAME **490 MOHAWK TRIAL** STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition 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

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

4/4/

407 4556498

CROFINAL.