FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10831 (6)

1. Corporate Name

BRYAN BERNTSEN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
6184 SHORELINE DR PORT ORANGE FL 32127 US	P.O. BOX 291091 DAYTONA BCH FL 32129-1091 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1994	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2415492	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business (21): Suite/Apt. # etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite/Apt. # etc. (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNTSEN, BRYAN F. 6162 SHORELINE DR PORT ORANGE FL 32019	81 Name: BERNTSEN BRYAN F. 82 Street Address (P.O. Box Number is Not Acceptable): 6184 SHORELINE DR 83: PORT ORANGE 84 City: FL 85 Zip Code: 32129

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: BERNTSEN, BRYAN F. STREET ADDRESS: 6184 SHORELINE CITY-ST-ZIP: PORT ORANGE FL	☐ Change ☐ Addition
TITLE: SDT NAME: BERNTSEN, LINDA D. STREET ADDRESS: 6184 SHORELINE CITY-ST-ZIP: PORT ORANGE FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that my signature below authorizes the named officer or director to make this change. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature below authorizes the named officer or director to make this change. I further certify 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Bryan F Bernt 4/28/94 904-767-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403444 FP