2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURÉ

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # H44632** RUTLAND CONSTRUCTION OF TALLAHASSEE, INC. 04-19-2001 90290 011 ***150.00 Principal Place of Business Mailing Address 8040 EARTH WAY RD 8040 EARTH WAY RD TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 B003154n 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2498762 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTLAND, DONALD E. Street Address (P.O. Box Number is Not Acceptable) 8040 EARTH WAY RD TALLAHASSEE FL 32310 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. (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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RUTLAND, DONALD E. STREET ADDRESS STREET ADDRESS 8040 EARTH WAY RD CITY-ST-ZIP CITY-ST-7(P TALLAHASSEE FL 32310 TITLE □ Delete TITLE ☐ Change Addition NAME NAME POWELL, WANDA S STREET ADDRESS STREET ADDRESS 5616 WESTVIEW LANE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change Addition TITLE Delete TITLE 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-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

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