2891	UNIFORM BUSI	NESS REPO	RT (UB	BR) :		
DOCUMENT # 444632				APPROVED		
Rutland Construction of Tallahassee, INC				ENC , FILED		
				0) 'NOV -8 AM 10: 53		
Principal Place of Business 8040 Earth Way Rd Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Talla	chassee, FL 32	310		TALLAHAOSEE, FEOTIBOT		
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.		2001 AMENDED UBR		
City & State		City & State		4. FEI Number 3498 762 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
\sim	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent		
Vonald & Kutland			Street A	Street Address (P.O. Box Number is Not Acceptable)		
8040 Earth Way Rd						
Tall	ahassee FL	32310	City	FL Zip Code		
8. The above r	named entity submits this statement for	he purpose of changing its	registered office of	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 signat	nature required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tille NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				\$5.00 May 8e Trust Fund Contribution Added to Fees		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	Donald E Rutlan 8040 Earth Way		NAME STREET ADDRESS	S Change Addition Change Addition Change Addition		
TITLE LAP	Wandows Powell	3 2 3 / D Delete	TITLE 1/P	John C. Rutland (Change Maddition &		
NAME STREET ADDRESS	Stelle Westuren La	ine	NAME STREET ADDRESS	s 8040 Earth Way Ra		
CITY-ST-ZIP TITLE	14/1ahassee +L	<u>323/0</u> □ Delete	CITY-ST-ZIP	Tallahassee F) 323/D Tommy W. Clark. Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	- 1 day - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Delete	TITLE	700046851773 -11/16/0101版研報U位 Addition ******61.25 *******61.25		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	5		
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.						

IG OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: