SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # H75548 (8)BOMAR-LANG CONSTRUCTION, INC. Principal Place of Business Mailing Address 601 N. ORLANDO AVE. 601 N. ORLANDO AVE MAITLAND FL 32751 MAITLAND FL 32751 3. Date incorporated or Qualified 3a. Date of Last Report 09/09/1985 06/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2582418 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ziρ Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Elorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANG. TERRY 601 N. ORLANDO AVE. **B2** Street Address (P.O. Box Number is Not Acceptable) **MAITLAND FL 32751** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable INCITE. Buy stored Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)TITLE DELETE 1.1 TIFLE Change Addition NAME LANG, TERRY 1.2 NAME CR2E034 STREET ADDRESS 601 N. ORLANDO AVE. 1.3 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 1.4 CITY - ST - ZIP TITLE DELETE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 1111.8 0000018954**8**0 👊 🗌 Addition NAME -07/16/96--01168--018 62 NAME STREET ADDRESS ***225.00 6.3 STREET ADDRESS 116 CITY-ST-ZIP 64 CHY -ST-ZIP 14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature, shall have the same legal effect as it 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 617, Florida Statutes, and

SIGNATURE:

6/24/96 407-629-1911