FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # H79081** WHITE CONSTRUCTION COMPANY OF VOLUSIA COUNTY 04-17-2001 90097 010 ***150.00 Principal Place of Business Mailing Address 2201 POPE AVE. 2201 POPE AVE. SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2590543 Not Applicable Zip Zip Country 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 WHITE, MARK D. Street Address (P.O. Box Number is Not Acceptable) 2201 POPE AVE. S DAYTONA FL 32119 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change ■ Addition Delete TITLE TITLE WHITE, MARK D. NAME MAME 2201 POPE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S. DAYTONA FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITE, PATRICIA M. NAME NAME 2201 POPE AVE STREET ADDRESS STREET ADDRESS S DAYTONA FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition WHITE, RYAN D NAME NAME 2701-POPE-AVENUE-- ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32119 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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.

Daytime Phone #