FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-26-96 B 46638 C

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

DOCUMENT # J49955 (4)

1. Corporation Name

CENTURY CONSTRUCTION CORPORATION

Principal Place of Business
508-A CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301

Mailing Address
508-A CAPITAL CIRCLE S.E.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 01/02/1987

3a. Date of Last Report: 06/09/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2764750 — 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

9. Name and Address of Current Registered Agent

TURNER, M. STEPHEN
215 SOUTH MONROE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, 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 Sections 607.0505, Florida Statutes.

SIGNATURE: (Signature of Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TURNER, DOUGLAS E.	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	☐ DELETE
NAME	O'REILLY, JOHN	
STREET ADDRESS	508 A CAPITAL CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	C	☐ DELETE
NAME	TURNER, FREDERICK	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	AVS	☐ DELETE
NAME	SMITH, LINDA H.	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	☒ DELETE
NAME	STICH, DAVID	
STREET ADDRESS	508A CAPITAL CIRCLE, S.E.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 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 above, or on an attached exhibit, as such officer or director or receiver or trustee.

SIGNATURE: DET Douglas E Turner 4-19-1996 656-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR