01-22-2002 90105 008 ***158.75
J59744

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 FEB -6 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59744

1. Entity Name
GADDIE CONSTRUCTION COMPANY

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4618 Baywood Dr Suite, Apt. #, etc.	Same as 2 Suite, Apt. #, etc.
City & State: Lynn Haven FL	City & State:
Zip: 32444-3406 Country: USA	Zip: Country:

4. FEI Number: 59-2770865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William R Gaddie
Street Address (P.O. Box Number is Not Acceptable): 4618 Baywood Dr
City: Lynn Haven FL Zip Code: 32444

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: William R Gaddie 1-10-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P NAME William R Gaddie STREET ADDRESS 4618 Baywood Dr CITY-ST-ZIP Lynn Haven FL 32444-3406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004912594--1 -02/12/02--01075--007 ****150.00 ****150.00
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CR2E048 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William R Gaddie 1-10-2002 850-265-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #