1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J60139

CAN-AM CONSTRUCTION, INC.

## Mailing Address

FILED

Secretary of State

03-16-1999 90007 039 \*\*\*150.00

Mar 16, 1999 8:00 am

Principal Place of Business % DONALD P. GROUETTE % DONALD P. GROUETTE 913 NIXON LANE 913 NIXON LANE DO NOT WRITE IN THIS SPACE PORT ORANGE FL 32119 PORT ORANGE FL 32119 3. Date Incorporated or Qualifed 03/04/1987 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2777627 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip ΠNo Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROUETTE, DONALD, P. Street Address (P.O. Box Number is Not Acceptable) 913 NIXON LANE PORT ORANGE FL 32019 83 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change □ DELETE 1.1 TITLE TITLE NAME GROUETTE, DONALD P. 12 NAME 1.3 STREET ADDRESS STREET ADDRESS 913 NIXON LANE 1.4 CITY-ST-ZIP PORT ORANGE FL CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 6.2 NAME NAME

14. 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 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 reflexiver or rustee employered to execute his receiver equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachmental and or section of the corporation of the reflexive or rustee and other transfer or supplemental annual report is true and accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the reflexive or rustee and other transfer or supplemental annual report is true and accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the reflexive or rustee and other transfer or director of the corporation or the reflexive or rustee and other transfer or the corporation or the reflexive or rustee and other transfer or rustee and other transfer or director of the corporation or the reflexive or rustee and other transfer or rustee and rust

6 3 STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

DONALD P GROUETTE PRESIDENT

904-761-2512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)