2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2005 8:00 am Secretary of State DOCUMENT # J62055 1. Entity Name 04-07-2005 90025 044 ***150.00 LEWIS B. JONES CONSTRUCTION, INC. Principal Place of Business Mailing Address 752 MCKINNON BRIDGE ROAD PONCE DE LEON FL 32455 US 752 MCKINNON BRIDGE ROAD PONCE DE LEON FL 32455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-2777546 Not Applicable Zip Zip 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 JONES, LEWIS B. 1883 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) 752 McKinnon Bridge Rd NAVARRE FL 32566 Zip Code 32455 Ponce de Leon 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. I am familiar with, and accept the obligations of registered agent, 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 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition JONES, LEWIS B. NAME NAME 752 MCKINNON BRIDGE RD STREET ADDRESS STREET ADDRESS PONCE DE LEON FL 32455 CITY-ST-ZIP CITY-ST-7IP VPS TILLE □ Defete TITLE Change ☐ Addition JONES, DEBRA K. NAME NAME STREET ADDRESS 752 MCKINNON BRIDGE RD STREET ADDRESS PONCE DE LEON FL 32455 CITY-ST-ZIP CITY-ST-7IP Detete TITLE ☐ Change ☐ Addition NAME JONES, DEBRA K. NAME STREET ADDRESS STREET ADDRESS 752 MCKINNON BRIDGE RD CHTY-ST-7IP CITY-ST-7IP PONCE DE LEON FL 32455 HILE Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7IP TITLE Detete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. 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

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.