FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am Secretary of State DOCUMENT # K12400 FONDA CONSTRUCTION & DEVELOPMENT, INC. 3-02-2001 90098 004 ***150.00 Principal Place of Business Mailing Address 2133 SEMINOLE ROAD 2133 SEMINOLE ROAD SUITE 2 SUITE 2 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 723297 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2869902 Not Applicable Zip Country 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 FONDA, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 2133 SEMINOLE ROAD SUITE 2 ATLANTIC BEACH FL 32233 Zip Code 8. The above named entity sulfmits this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or p (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE TITLE Change Addition ☐ Delete FONDA, CHARLES M MAME NAME STREET ADDRESS 2133 SEMINOLE RD #2 STREET ADDRESS ATLANTIC BCH FL 32233 CITY-ST-ZIP CITY-ST-ZIP VI Pres. TITLE ☐ Defete TITLE ☐ Change NAME NAME Blair My Ford STREET ADDRESS STREET ADDRESS 974 Ravine Rod, N. CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ 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.

changed, or on an attachment will