FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** K67797 (6) B.H.S. GENERAL CONTRACTING, INC. Principal Place of Business Mailing Address 1620 BAY RD 1620 BAY RD SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0173850 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEYCHOK, DAN 1620 BAY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City Zip Code 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. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE BEYCHOK, DAN NAME 1.2 NAME 1620 BAY ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

14. I hereby cortify 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP