

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90176 026 ***150.00

| | |
|------------------------------------|------------------------------|
| DOCUMENT # L52724 | |
| 1. Entity Name | |
| FX CONSTRUCTION, INC. | |
| Principal Place of Business | Mailing Address |
| 5925 IMPERIAL PARKWAY | 5925 IMPERIAL PARKWAY |
| SUITE 226 | SUITE 226 |
| MULBERRY FL 33860 | MULBERRY FL 33860 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|---------|--------------|---------|
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3007960 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent |
|--|
| MCKELVEY, JOHN L 5925 IMPERIAL PKWY., STE. 226 LAKELAND FL 33801 |

| | | |
|--|-----------|----------|
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| | | |
| City | FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|--|---|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p align="center">FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D MCKELVEY, JOHN 5925 IMPERIAL PARKWAY, SUITE 226 MULBERRY FL 33860 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

[illegible]

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.

SIGNATURE: John L. McKelvey John L. McKelvey 4/30/02 863/701-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)