FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # L65922 Secretary of State** M G B CONSTRUCTION, INC. 03-29-2001 90408 015 ***150.00 Principal Place of Business Mailing Address 945 FELLSMERE RD 945 FELLSMERE RD DODAMONA STE 3 STE 3 SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3024913 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 BALLOUGH, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 3585 LUCIA DRIVE VERO BEACH FL 32967 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete Change Addition NAME BALLOUGH, WILLIAM E. NAME STREET ADDRESS STREET ADDRESS 3585 LUCIA DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 TITLE Delete ☐ Change ☐ Addition NAME BALLOUGH, CAROLE M. NAME STREET ADDRESS STREET ADDRESS 3585 LUCIA DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH_FL 32967 TITLE ☐ Delete Change ☐ Addition NAME LAMAN, JOHN M 9704 Riverview Drive STREET ADDRESS STREET ADDRESS 4500 HUNTERS RUN CIRCLE Micco, Florida 32976 CITY-ST-ZIP'-CITY-ST-ZIP GRANT FL 32949 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: Carole Ballough x 23 March 2001 #561-589-7472

SIGNATURE and Typed on Printed Name of Signing Officer on Director () Date Daylime Phone #