_			FLORI	DRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILCO PY 3: 10		
DOCUMENT # L93917 1. Corporation Name						OB FEB 19 OLOGETARY OF STATE TALL ATTASSEE. FLORIDA			
BUBBA	A'S CONS	TRUCTION O	F LMS, II	NC.					
Principal Place of Business Mailing Address									
13469 N. HWY 441/27 13469 N. H LADY LAKE FL 32159 LADY LAKE				VY 441/27 FL 32159			11 11 11 11 11 11 11 11 11 11 11 11 11		
				ling Office Address, If Applicable 4. Daté Ir To Do			incorporated of Qualifined Business in Florida 08/13/1990		
			Suite, Apt #	5. FEH				Applied	
Zip Zip			Zip Zip			59-3029331 6 CERTIFICATE OF STATUS DESIRED S		\$8.75 Additional Fee for a Certificate of	required
7. Names and Street Addresses of Each Officer and/or Director (Flat Name of Officers and/or Directors 2			orida nonprofit corporations must list at least 3 directors. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City	/ / State / Zip		
PSTD	RUSSELL, JAMES RODDY			13469 N. HWY 441/27			LADY LAKE FL 32159		
D	RUSSELL, MARY HOULBERG			13469 N. HWY 441/27			LADY LAKE FL 3215	59	
VP	RUSSELL, JOHN E			13469 N. HWY 441/27			LADY LAKE FL 32159		
VP	RUSSELL, JOSEPH G Delete			13469 N. HWY 441/27			LADY LAKE FL 32159-		
VΡ	Mabery, James II			13469 N Hwy 441/27		141/27	1 Ady lake, FT 32159		
	8. Name a	nd Address of Current	Registered Ag	ent	Name	9. Name and	Address of New Register	red Agent	£
SEWELL, STEPHEN G 907 WEBSTER ST. LEESBURG FL 34748					Street Address (Suite, Apt #, Etc		oer is Not Acceptable) 31.0 0.001.2 1.01.3 4 7.3 - 2.4 -02/24/33 - 01110 - 031 ****750.00 ****750.00 State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the Signature of Registered Agent REGISTERED AGENT MUST SIGN						*****158.75 *****158.75 cobligations of Section 607.0505, F.S. *****158.75 *****158.75			
		tion owes or h rsonal Proper			year Yes 🗌	No 🗌		r side for information intangible tax.)	
10. I, being Signature of Registered 11. Th Into 12. I certify this reins owed by	appointed the report is corporal angible Pethat I am an offics statement applicate the corporation is	tion owes or hersonal Proper er or director or the receion, the reason for dissinave been paid and the	egistered ac as paid th ty tax due iver or trustee ei olution has beer names of individ	DE NT MUST SIGNE CURRENT DE CURRENT DE JUNE 30.	Suite, Apt #, Etc. City ar with and accept the convergence of the con	No provided for in ch	10000266 -02/24/93 ****750.(\$ stion 607.0505, F.S. 100002726 102/24/99 ****158.1 (See othe	****75 tale Zip Code L Zip Code L Zip Code The Third Code Thir	132 6. on

SIGNATURE: /

362-753 202 3