2003 FOR PROFIT CORPORATION

FILED Apr 22, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** M80106 DOCUMENT # 04-22-2003 90032 026 ***150.00 1. Entity Name GUNTHER CONSTRUCTION CO., INC. Principal Place of Business Mailing Address P. O. BOX 701195 P. O. BOX 701195 ST. CLOUD FL 34770 ST. CLOUD FL 34770 nore ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 0 59-2882036 Not Applicable Countr \$8.75 Additional 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUNTHER, KIMBERLY E. Street Address (P.O. Box Number is Not Acceptable) 3335 WEST SHORE DR SAINT CLOUD FL 34772 City Zip Code 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE GUNTHER, KIMBERLY E. NAME NAME 3335 WEST SHORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT CLOUD FL 34772 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME Gunther, Kimberly E. . NAME STREET ADDRESS STREET ADDRESS 3335 WEST SHORE SAINT CLOUD FL-34772 -CITY-ST-ZIP ~ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME GUNTHER, THEODORE D. JR NAME STREET ADDRESS 3335 WEST SHORE STREET ADDRESS CITY-ST-ZIP SAINT CLOUD FL 34772 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 true ee propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)