5/ FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 12, 2001 8:00 am DOCUMENT # N0000002025 **Secretary of State** 05-07-2001 90028 048 ****61.25 MEN UNDER CONSTRUCTION INCORPORATED Principal Place of Business Mailing Address 1154 HAZEL GREEN RD. 1154 HAZEL GREEN RO. QUINCY FL 32351 **QUINCY FL 32351** 2. Principal Place of Business ----3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Numbe 616300 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 7.-Name and Address of New Registered Agent 6:-Name and Address of Current Registered Agent -Street Address (P.O. Box Number is Not Acceptable) RUSS, GEORGE 744 S. DUVAL ST. QUINCY FL 32351 Zip Code City 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Brown (D) ☐ Delete TITLE NAME NAME 1186 Hazel Green Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition etm e = TITI F Alice B. Williams (D) KALIF NAME: Martin St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITZ F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-5T-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 trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

asouired

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mailed 7-9-01

856- 9937