FILED

Apr 17, 2002 8:00 am Secretary of State

CR2E034 (9/01)

☐ Change

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| 2002 UNIFOR | RM | BUSINESS | REPORT | (UBF |
|--------------------|------|-----------------|--------|------|
| DOCUMENT # | P | 000000197 | '99 | |
| TERRA CONSTRUCTION | I AN | ID DEVELOPMENT, | INC. | |

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04-17-2002 90143 044 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2243 123 E. SATSUMA ST. B0068206 PALATKA FL 32177 PALATKA FL 32178-2243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3629317 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, RAY A Street Address (P.O. Box Number is Not Acceptable) 123 E. SATSUMA ST. PALATKA FL 32177 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition HURST, RAY A NAME NAME 123 E. SATSUMA ST. STREET ADDRESS STREET ADDRESS PALATKA FL 32178 CITY-ST-ZIP CITY-ST-7IP STD ☐ Defete ☐ Change ☐ Addition TITLE TITLE HURST, TAMMY M NAME NAME STREET ADDRESS 123 E. SATSUMA ST. STREET ADDRESS CITY-ST-ZIP PALATKA FL 32178 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

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SIGNATURE: