FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State DOCUMENT # P00000070455 1. Entity Name 05-28-2002 91539 010 ***158.75 C & T BUILDERS, INC. Principal Place of Business Mailing Address 7925 MERRILL RD 7925 MERRILL RD # 1502 # 1502 JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3669561 Jackson uille Not Applicable 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 Stoph-el STOPHEL, CONNIE 7925 MERRILL RD # 1502 JACKSONVILLE FL 32277 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 12 ☐ Delete Stophel , Connie S. STOPHEL, CONNIE S NAME 10221 Shank Rd. W. STREET ADDRESS 7925 MERRILL RD # 1502 STREET ADDRESS acksonville, Fl. 32276 CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STOPHEL, THOMAS E NAME STREET ADDRESS STREET ADDRESS 7925 MERRILL RD # 1502 Jacksonville 18L.32226 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Addition TITLE □ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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.

SIGNATURE:

P-TYPED OR PRINTED NAME OF SIGNING OF