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2004 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS

ON NEV POR APIRE QU DOCUMENT # P00000105704 6900-29 Danielo Pkwy ALL FLORIDA PIT & QUARRY, INC. Box 136 Ft. Myers, FL 33912 Principal Place of Business Mailing Address 8288 BUENA VISTA RU FT MYERS, FL 33912 FT MYERS, FL 33912 2. Principal Place of Busines 3. Mailing Address 6980-29 Suite, Apt. #, etc. Guite, Apt. #. etc CR2E098 (6/04) 11012004 REIN-P City & State 4. FEI Number City & State Applied For 65-1054082 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEARMOND, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 9200 BEENA VIOTA RD FT MYERS, FL 33912 8. The above named entity submits this statement for the purpose of changing its registered office or ent or both, in the State of Florida. Lam familiar with, and accept the obligations of register Signature, typed or printed nar MOTE: Registered Agent signs FILE NOW!!! FEE(15 \$750,00 After January 1, 2005, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change DEARMOND, WILLIAM W NAME NAME William & Melodie DeArmond STREET ADDRESS 9200 DUENA VISTA RD STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 CITY-ST-ZIP 12748 Aston Oaks Change ____ Addition TITLE ☐ Delete TITLE Ft. Myers, FL 33912 DEARMOND, MELODIE D NAME NAME STREET ADDRESS 8000 DUTENA NOTA RD STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 33912 ☐ Delete ☐ Change ☐ Addition TITLE 000042640570 11/10/04--01030--029 **75 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-7IP FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>04 NOV 10 AM 8: 00</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 any 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 60%. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will all other like amporture d.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/04

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