2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State P01000011265 DOCUMENT # 1. Entity Name 05-15-2002 90037 022 ***150.00 MISSION CONSTRUCTION INC. Mailing Address Principal Place of Business 1137 BARTOW RD. 1137 BARTOW RD. LAKELAND FL 33801 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business P. O. Box 1058 1137 Bartow Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 201 Applied For City & State 4. FEI Number City & State Not Applicable 59-3698559 Lakeland, <u>Florid</u>a Eaton <u>Florida</u> Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33840-1058 .S.A.33801 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Van A. Bethell BETHELL, VAN A Street Address (P.O. Box Number is Not Acceptable) 1137 BARTOW RD. 1137 Bartow Road, Ste.201 LAKELAND FL 33801 City Lakeland 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See čriteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE President TITLE NAME NAME Van A. Bethell STREET ADDRESS STREET ADDRESS 1137 Bartow Road, Ste.201 CITY-ST-7IP CITY-ST-ZIP Lakeland, Florida 33801 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE Secretary TITLE NAME Joyce L. Bethell NAME STREET ADDRESS STREET ADDRESS 1137 Bartow Road, Ste.201 CITY-ST-ZIP CITY-ST-7IP <u>Lakeland, Florida 33801</u> ☐ Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Van A <u> ``Bethell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF 4/26/02

863/683-9293