FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J. SWANSON CONSTRUCTION, INC.

DOCUMENT # P01 00 00 80799

FILED Jun 30, 2002 8:00 am Secretary of State 06-30-2002 90230 048 ***150.00

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FT. WHITE, FL SRANFORD, FL Sp-3738957 St.75 Zip		'	DO NOT WRITE IN THIS STAGE							
City & State FT. WHITE, FL Country Zip S2038 COLUMBIA COL						2. Principal Place of Business RT. 2, BOX 8816 P O B				
City FT. WHITE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superative to the purpose of changing its registered office or registered agent, or both, in the State of Flo		DO NOT WRITE IN THIS SPACE			College 1 . 4 cas					
2038 COLUMBIA 32008-0450 SUWANNEE S. Certificate of status Desired Fee Requirement and Address of Current Registered Agent Name JEFFERY D. SWANSON Street Address (P.O. Box Number is Not Acceptable) 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 byte or printed name of registering agent and late if applicable. (NOTE Registered Agent signature required when reindusting) DATE 1. OFFICERS AND DIRECTORS TILE P L 23-21 Make Check Payable to Department of State 1. OFFICERS AND DIRECTORS TILE P L 23-21 Make Check Payable to Department of State TILE VP L 32-03-8 TILE MAME SIREET ADDRESS TILE ADDRE	Applied For Not Applicable					City & State				
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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) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) DATE 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Trust Fund Contribution. Add		Street Address (P.O. B	ا ت ياندسم							
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PLEASE ACCEPT THIS \$150.00 CH CHECK AS PAYMENT FOR THE YEAR STREET ADDRESS CITY_ST_ZIP BECAUSE WE DID NOT RECEIVE AND THE	,	IN THIS SPACE	E ET ADDRESS - ST-ZIP	H NAME R STREE AT Entry	FOR THE YEA ING FILED L	CK AS PAYMENT . THIS IS BE	CHECK 2002.	NAME- STREET ADDRESS		

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

SIGNATURE: (

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

6-21-02.

INFORMATION OR FORM PRIOR TO