2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Mar 10, 2003 8:00 am Secretary of State DOCUMENT # P01000112258 03-10-2003 90776 013 ***150.00 1. Entity Name BILL BURCH BUILDING SALES, INC. Principal Place of Business Mailing Address TUUSDRZR 3828 NAVY BLVD. 3828 NAVY BLVD. PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 62-1873264 Not Applicable Zip Country 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 GRIFFITH, JOHN Street Address (P.O. Box Number is Not Acceptable) 3828 NAVY BLVD. PENSACOLA FL 32507 City Zip Code 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. I am familiar with, and accept the obligations of registered Signature, typed or printed name of registered ages t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00_May_Be After May 1, 2003 Fee will be \$650:00-Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITL F ☐ Change □ Delete TITLE ☐ Addition NAME CADDELL, WILLIAM P JR NAME STREET ADDRESS STREET ADDRESS 2171 RUFFNER RD. CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35210 TITLE ☐ Delete TITI F Change Addition NAME NAME CADDELL, WILLIAM P III STREET ADDRESS STREET ADDRESS 2171 RUFFNER RD. CITY-ST-7IP CITY-ST-7IP BIRMINGHAM AL 35210 TITLE □ Delete Change Addition NAME NAME CADDELL, EDMUND P STREET ADDRESS STREET ADDRESS 2171 RUFFNER RD. CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35210 ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with an address with a body and the changed of the corporation of the receiver or trustee empowered.

FILED