2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116726 1. Entity Name GREGORY'S CONSTRUCTION OF NORTH FLORIDA INC Principal Place of Business 2592 W. A. CLARK RD Principal Place of Business 2592 W. A. CLARK RD Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Suite Apt. #, etc. Country Su	27 PM 2:51 ARY OF STATE SSEE, FLORIDA OLO \$ (50-00) MAKING CHANGES Applied For Not Applied Fee Required	O3 FEB 27 PM 2: 51 Shate TARY OF STATE TALLAHASSEE. FLORIDA O2 0(050 010 \$ (50.00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F Not Applied F Not Applied F Se Required d Address of New Registered Agent	ON OF NORTH FLORIDA INC Mailing Address P O BOX 780 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent Name Name			/ DO40										
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country: 6. Name and Address of Current Registered Agent Name ELLENBURG, USA Mailing Address Principal Place of Business Address Principal Place of Business Suite, Apt. #, etc. 10 - 30 - 0 2 0 (0 5 0 0) 0 (0 0)	ARY OF STATE SSEE, FLORIDA OLO SISO-OV MAKING CHANGES Applied Fo Not Applic Fee Required	CHECK HERE IF MAKING CHANGES Der 63-1288505 Prof Status Desired — \$8.75. Additional Fee Required Address of New Registered Agent	Address P 0 B0X 760 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Country Sof Current Registered Agent 7. Name and Address of New Registered Agent			r# (P010	0011	6726	i		A		በ3 ድርዐ			C 1
Principal Place of Business 2592 W. A. CLARK RD PO BOX 760 GENEVA AL 36340 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country: Co	SSEE, FLORIDA OLO \$ (50-00) MAKING CHANGES Applied Fo Not Applic S8.75. Additional, Fee Required	TALLAHASSEE, FLORIDA 2 0(050 010 \$ (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F Not Applied F Not Applied F Per Required 4 Address of New Registered Agent	Address P O BOX 780 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent 7. Name and Address of New Registered Agent Name			NSTRUCTION OF	NORTH	FLORIDA INC	;							• •
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country: 6. Name and Address of Current Registered Agent P O 80X 760 GENEVA AL 36340 P O 80X 760 GENEVA AL 36340 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country: Suite, Apt. #, etc. Country: Suite, Apt. #, etc. City & State Country: Suite, Apt. #, etc. City & State Country: Suite, Apt. #, etc. Country: Suite, Ap	MAKING CHANGES Applied Fo Not Applie \$8.75. Additional Fee Required	O 2 O 10 SU O 10 S (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F e'of Status Desired — \$8.75. Additional, Fee Required d Address of New Registered Agent	Suite, Apt. #, etc. City & State City & State Country Country Sof Current Registered Agent P O BOX 760 GENEVA AL 36340 3. Mailing Address (0 - 30 - 0 2 O (0 50 O 0 8 (50 - 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Principal Pla	ace of Busines	998	Maili	na Address			_		TALLAH	ASSE	E. FLOR	RIDA
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt.	MAKING CHANGES Applied Fo Not Applie \$8.75. Additional Fee Required	O 2 O 10 SU O 10 S (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F e'of Status Desired — \$8.75. Additional, Fee Required d Address of New Registered Agent	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2592 W. A. C	CLARK RD		PO	BOX 760			•	5				.1.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt.	MAKING CHANGES Applied Fo Not Applie \$8.75. Additional Fee Required	O 2 O 10 SU O 10 S (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F e'of Status Desired — \$8.75. Additional, Fee Required d Address of New Registered Agent	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES		_	···		_								
City & State City & State City & State City & State 4. FEI Number 63-1288505 Zip	AAKING CHANGES Applied Fo Not Applic \$8.75. Additional Fee Required	CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applie e'of Status Desired ————\$8.75. Additional. Fee Required d Address of New Registered Agent	City & State 4. FEI Number 63-1288505 Applied For Not Applied For Not Applied For Selection of Status Desired 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name		·-	siness					_ 10 ~					ייייניייייטיייייטיייייטייייטייייטיייטיי
Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ELLENBURG, USA Street Address (R.O. Registered Agent) Street Address (R.O. Registered Agent)	Not Application 1. See Required	e'of Status Desired - S8.75. Additional Fee Required d Address of New Registered Agent	Status Desired Status Desired Status Desired Fee Required 7. Name and Address of New Registered Agent Name			·							CHECK HERE IF	MAKIN	G CHANGES	;
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered A Name ELLENBURG, USA Street Address (RO, Routh who is Not Associated)	Fee Required	Fee Required d Address of New Registered Agent	S. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name			Τ-					4. F(El Number 6	3-1288505	<u>.</u>		
ELLENBURG, USA	stered Agent		Name	ZIP	•				Count	try					"Fee Requir	
ELLENBURG, LISA					6. Name	e and Address of Currer	1 Register	ed Agent		Name	7. Na	eme and Add	ress of New Re	gistered	Аделт	
Street Address (DO Day Number in Not Assessed to)			Street Address (P.O. Box Number is Not Acceptable)	ELLENBU	IRG. LISA					(18)19	<u> </u>					
1136 ENGLISH LANE		er is Not Acceptable)			-	E				Street Address	s (P.O. Bo	x Number is N	iot Acceptable)		*	
WESTVILLE FL 32426									1				•			
<u></u>		<u></u>		***************************************						<u>.</u> .						
FL.	FL Zip Code	FL Zip Code						•	- 1	City				FL	_ Zip Cod	je
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 to	. I am familiar with, and acce	th, in the State of Florida. I am familiar with, and acc	City FL Zip Code						- 1						- f	
the obligations of registered agent.				6. The above	e named entity	ity submits this statement	for the purp	oose of changing its	registered	,	tered ager	nt, or both, in t	the State of Florid		familiar with,	and accept
SIGNATURE	· · · · · · · · · · · · · · · · · · ·			8. The above the obliga	e named entity ations of registe	ity submits this statement stered agent.	for the purp	oose of changing its	registered	,	tered ager	nt, or both, in t	the State of Florid		familiar with,	and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	DATE		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	ine obliga	ations of registe	stered agent.				ed office or regist			the State of Florid		familiar with,	and accept
FILE NOW!!! FEE IS \$150.00		DATE	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	ine obliga	ations of registe	stered agent.				ed office or regist			the State of Florid	da. I am	familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	no 65.00		e 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ine obliga SIGNATURE	Signature, typed of	stered agent. d or printed name of registered agent III FEE IS \$150.00	nt and title if app			ed office or regist		stating)		da. / am DATE		
	- 	ection Campaign Financing\$5.00 May	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be	signature	Signature, typed of FILE NOW!!!	stered agent. d or printed name of registered agent. III FEE IS \$150.00 303 Fee will be \$550.00	nt and title if app			ed office or regist		stating) 9. Election	Campaign Finar	DATE	_ \$5.0	O May Be
10. OFFICERS AND DIRECTORS 11 ADDITIONS JOHANGER TO OFFICERS AND	Added to Fees	ection Campaign Financing \$5.00 May ust Fund Contribution.	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE 150.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	SIGNATURE F Afte Make Check	Signature, typed of FILE NOW!!!	of or printed name of registered ages III FEE IS \$150.00 DO3 Fee will be \$550.00 To Florida Department	nt and title if app	plicable. (NOTE	:: Registered	ed office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added	O May Be
The state of the s	Added to Fees AS AND DIRECTORS IN 11	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Feet	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	SIGNATURE F Afte Make Check 10.	Signature, typed of FILE NOW!!! or May 1, 200 k Payable to	of or printed name of registered ages III FEE IS \$150.00 DO3 Fee will be \$550.00 To Florida Department	nt and title if app	picable. (NOTE	:: Registered	d office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added	OD May Be d to Fees S IN 11
TITLE P Delete TITLE NAME POPE, GREGORY TITLE NAME	Added to Fees AS AND DIRECTORS IN 11	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Feet	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TILE Change Addition	SIGNATURE F Afte Make Check 10.	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to	of or printed name of registered agent III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Dapartment of OFFICERS AND	nt and title if app	picable. (NOTE	:: Registered	d office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added	OD May Be d to Fees S IN 11
TITLE P Delete TITLE NAME POPE, GREGORY STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees AS AND DIRECTORS IN 11	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Feet	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 registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TILE NAME	SIGNATURE F Afte Make Checi 10. TITLE NAME STREET ADDRESS	Signature, typed of FILE NOW!!! Pr May 1, 200 th Payable to	of or printed name of registered agent III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Dapartment of OFFICERS AND REGORY A CLARK RD	nt and title if app	picable. (NOTE	:: Registered	d office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added	OD May Be d to Fees S IN 11
TITLE POPE, GREGORY ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees AS AND DIRECTORS IN 11	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Feet	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 registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE \$150.00 \$9. Election Campaign Financing Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TILE NAME STREET ADDRESS	SIGNATURE F Afte Make Checi 10. TITLE NAME STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPOPE, GRE 2592 W A 6 BONIFAY F	of or printed name of registered agent III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Dapartment of OFFICERS AND REGORY A CLARK RD	nt and title if app	picable. (NOTE	11. TITLE NAME STREET	d office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added	OD May Be d to Fees S IN 11
TITLE POPE, GREGORY TITLE NAME STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 TITLE ST Delete TITLE	Added to Fees AS AND DIRECTORS IN 1: Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees //CHANGES TO OFFICERS AND DIRECTORS IN 11.	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delate TITLE Change Addition	SIGNATURE F Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPOPE, GRE 2592 W A 0 BONIFAY F	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND REGORY A CLARK RD FL 32425	nt and title if app	PRS Delate	: Registered 11. TITLE NAME STREET CITY-S	d office or regist	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change	OD May Be I to Fees S IN 11
TITLE POPE, GREGORY Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 CITY-ST-ZIP TITLE ST Delete TITLE NAME POPE, RODNEY Delete NAME	Added to Fees AS AND DIRECTORS IN 1: Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees //CHANGES TO OFFICERS AND DIRECTORS IN 11.	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 registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstaing) DATE \$5.00 May Be Trust Fund Contribution. Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delate TITLE NAME Delate TITLE NAME Change Addition Addition	SIGNATURE F Afte Make Checi 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPOPE, GRE 2592 W A 0 BONIFAY F	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425	nt and title if app	PRS Delate	: 11. TITLE NAME STREET CITY-S TITLE NAME	d office or regist Agent signature requir T ADDRESS ST-ZIP	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change	OD May Be I to Fees S IN 11
TITLE POPE, GREGORY NAME STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 TITLE ST NAME POPE, RODNEY STREET ADDRESS CITY-ST-ZIP Delete TITLE ST NAME POPE, RODNEY STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	Added to Fees AS AND DIRECTORS IN 1: Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees //CHANGES TO OFFICERS AND DIRECTORS IN 11.	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Pricers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Detete TITLE NAME STREET ADDRESS	SIGNATURE FAITE Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete	11. TITLE NAME CITY-S TITLE NAME STREET	d office or regist Agent signature requir T ADDRESS ST-ZIP	red when reins	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change	OD May Be I to Fees S IN 11
TITLE NAME POPE, GREGORY 2592 W A CLARK RD BONIFAY FL 32425 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME POPE, RODNEY 2344 POPE LANE BONIFAY FL 32426 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	Added to Fees RS AND DIRECTORS IN 11 Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees ACCHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	SIGNATURE Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete	11. TITLE NAME STREET NAME STREET STREET CITY-S	d office or regist Agent signature requir T ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Addec	OD May Be d to Fees S IN 11 Addition
TITLE POPE, GREGORY NAME STREET ADDRESS CITY-ST-ZIP TITLE ST NAME POPE, RODNEY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE TITLE	Added to Fees RS AND DIRECTORS IN 11 Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees ACCHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add	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 in the purpose of changing its registered agent signature required when reinstating) Part	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete	11. TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE	I ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Addec	OD May Be d to Fees S IN 11 Addition
TITLE NAME POPE, GREGORY STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME TITLE NAME TITLE NAME	Added to Fees RS AND DIRECTORS IN 11 Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees ACCHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add	statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete	11. TITLE NAME STREET CITY-S TITLE NAME NAME	I ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Addec	OD May Be d to Fees S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees RS AND DIRECTORS IN 11 Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees ACCHANGES TO OFFICERS AND DIRECTORS IN 1: Change Add	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 registered agent and title if applicable. (NOTE: Registered Agent eignature required when rematating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees FICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delate TITLE ADDRESS CITY-ST-ZIP Delate TITLE ADDRESS CITY-ST-ZIP Delate TITLE ADDRESS CITY-ST-ZIP Delate TITLE ADDRESS CITY-ST-ZIP Delate STREET ADDRESS CITY-ST-ZIP Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET	IT ADDRESS ST-ZIP T ADDRESS T ADDRESS	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Addec	OD May Be d to Fees S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees Added to Fees CHANGES TO OFFICERS AND DIRECTORS IN 11. Change Added to Fees Added	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 ingstered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 150.00	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change Change	DO May Be of to Fees S IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME Delete TITLE NAME TITLE NAME	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees Added to Fees CHANGES TO OFFICERS AND DIRECTORS IN 11. Change Added to Fees Added	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 in purpose of changing its registered Agent signature required when reinstating) Integrated agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S' TITLE NAME	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change Change	DO May Be of to Fees S IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees Added to Fees CHANGES TO OFFICERS AND DIRECTORS IN 11. Change Added to Fees Added	s 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 in particular in applicable. (NOTE: Registered Agent aignature required when reinstating) Page Page Page Page Page	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE	\$5.0 Added Directors Change Change	DO May Be of to Fees S IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees // CHANGES TO OFFICERS AND DIRECTORS IN 11	a 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 registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) Position	SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' CITY-S'	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addec DIRECTORS Change Change Change	DO May Be of to Fees S IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees // CHANGES TO OFFICERS AND DIRECTORS IN 11	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 a 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 a statement of state if applicable. Inspect	SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SITTLE	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addec DIRECTORS Change Change Change	DO May Be of to Fees S IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME POPE, GREGORY BONIFAY FL 32425 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees // CHANGES TO OFFICERS AND DIRECTORS IN 11	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 of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the familiar with a	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SITTLE NAME STREET CITY-SITTLE NAME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addec DIRECTORS Change Change Change	DO May Be of to Fees S IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 TITLE NAME POPE, GREGORY BONIFAY FL 32425 TITLE NAME POPE, RODNEY STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees RS AND DIRECTORS IN 11 Change Addit Change Addit Change Addit	ection Campaign Financing \$5.00 May ust Fund Contribution. Added to Fees Added to Fees // CHANGES TO OFFICERS AND DIRECTORS IN 11	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 in purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent expected agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in purpose in pu	SIGNATURE FAITE Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	PRS Delete Delete Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SITEE NAME STREET	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addec DIRECTORS Change Change Change	DO May Be of to Fees S IN 11 Addition Addition Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	Added to Fees RS AND DIRECTORS IN 13 Change Addit Change Addit Change Addit Change Addit Additi	ection Campaign Financing s5.00 May Added to Fees Land Contribution. S5.00 May Added to Fees Land Contribution. Change Added to Fees Land Change Added Land Land Land Land Land Land Land Lan	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 inspired agent and tide if appacable. Progressed agent and tide if appacable.	SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete Delete Delete	TITLE NAME STREET CITY-ST TITLE	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addect DIRECTORS Change Change Change	DO May Be d to Fees SIN 11 Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BONIFAY FL 32425 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees RS AND DIRECTORS IN 13 Change Addit Change Addit Change Addit Change Addit Additi	ection Campaign Financing s5.00 May Added to Fees Land Contribution. S5.00 May Added to Fees Land Contribution. Change Added to Fees Land Change Added Land Land Land Land Land Land Land Lan	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 in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in the purpose of changing its registered agent agent or required when reinstating) 9. Election Campaign Financing	SIGNATURE Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of FILE NOW!!! or May 1, 200 ok Payable to PPPE, GRE 2592 W A BONIFAY F ST POPE, ROD 2344 POPE	of or printed name of registered ages III FEE IS \$150.00 100 Fee will be \$550.00 100 Florida Department of OFFICERS AND ACLARK RD FL 32425 DONEY PE LANE	nt and title if app of State	Delete Delete Delete	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET NAME STREET NAME	IT ADDRESS ST-ZIP T ADDRESS T-ZIP	ADD	9. Election Trust Fur	Campaign Finar nd Contribution.	DATE TOCING ERS AND	\$5.0 Addect DIRECTORS Change Change Change	DO May Be d to Fees SIN 11 Addition Addition Addition Addition
									}				·			
									}							
1136 ENGLISH LANE									}							
		er is Not Acceptable)							l	Street Address	s (P.O. Bo	x Number is N	iot Acceptable)			
	·····•	er is Not Acceptable)			-	_			ļ		s (PO Bo	x Number is N	Int Acceptable)			
ELLENBURG, LISA					o. name	ie and Address of Currer	ı Registeri	ea Agent		Name	7. Na	eme and Add	ress of New Re	gistered	Agent	···
ELLENBURG, USA	всегео доент		Name		6. Name	ne and Address of Currer	t Register	ed Agent	i	' -					"Fee Requir	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLENBURG, USA Street Address (R.O. Reg.) Name and Address of New Registered Agent	Fée Required	Fee Required d Address of New Registered Agent	is of Current Registered Agent 7. Name and Address of New Registered Agent Name	Zip		Country	<u>Z</u> p	**************************************	Count	try	_ =g=					
Country 6. Name and Address of Current Registered Agent Name FLIENBURG, USA Country 7. Name and Address of New Registered Agent Name	\$8.75. Additional Fee Required	e of Status Desired	Secontry Second Secontry Second Secontry Second	City & Sta	ate		City	y & State		- ·	4. F	El Number 6	3-1288505			
Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ELLENBURG, USA Street Address (R.O. Registered Agent) Street Address (R.O. Registered Agent)	Not Application 1. See Required	e'of Status Desired - S8.75. Additional Fee Required d Address of New Registered Agent	Sand Applicable Sand Applicable Sand Applicable	Suite, Apt	it. #, etc.		Suit	te, Apt. #, etc.				ַ הַ י	CHECK HERE IF	MAKIN	G CHANGES	;
City & State City & State City & State City & State 4. FEI Number 63-1288505 Zip	AAKING CHANGES Applied Fo Not Applic \$8.75. Additional Fee Required	CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applie e'of Status Desired ————\$8.75. Additional. Fee Required d Address of New Registered Agent	City & State 4. FEI Number 63-1288505 Applied For Not Applied Sor Not Applie		·-	siness	3. Ma	ailing Address			(0 ~					D - cələ
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt.	MAKING CHANGES Applied Fo Not Applie \$8.75. Additional Fee Required	O 2 O 10 SU O 10 S (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F e'of Status Desired — \$8.75. Additional, Fee Required d Address of New Registered Agent	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES													
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country Name FLIENBURG, USA State A. FEI Number 63-1288505 Page 15-1288505 The state of States of New Registered Agent Name Street Address of New Registered Agent Name	MAKING CHANGES Applied Fo Not Applie \$8.75. Additional Fee Required	O 2 O 10 SU O 10 S (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F e'of Status Desired — \$8.75. Additional, Fee Required d Address of New Registered Agent	3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Zip Country State Country State Country State Country State Applied For Not Applicable State State Country State Country State Country State The Required The Registered Agent	2592 W. A. C	CLARK RD	ess	PO	BOX 760].	5			, ,	, ib A
Principal Place of Business 2592 W. A. CLARK RD BONIFAY FL 32425 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country: Country:	Applied Fo Not Applie \$8.75. Additional Fee Required	O CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied For Status Desired — \$8.75. Additional Fee Required d Address of New Registered Agent	Mailing Address P O BOX 760 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent 7. Name and Address of New Registered Agent Name								7		Seale Tallah	TARY ASSE	OF STA	I E RIDA
Principal Place of Business 2592 W. A. CLARK RD PO BOX 760 GENEVA AL 36340 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country: Co	SSEE, FLORIDA OLO \$ (50-00) MAKING CHANGES Applied Fo Not Applic S8.75. Additional, Fee Required	TALLAHASSEE, FLORIDA 2 0(050 010 \$ (50-00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F Not Applied F Not Applied F Per Required 4 Address of New Registered Agent	Address P O BOX 780 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent 7. Name and Address of New Registered Agent Name			NSTRUCTION OF	NORTH	FLORIDA INC	;				03 FEB	521	PM 2: 5	51
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country: 6. Name and Address of Current Registered Agent Name ELLENBURG, USA Mailing Address Principal Place of Business Address Principal Place of Business Suite, Apt. #, etc. 10 - 30 - 0 2 0 (0 5 0 0) 0 (0 0)	ARY OF STATE SSEE, FLORIDA OLO SISO-OV MAKING CHANGES Applied Fo Not Applic Fee Required	CHECK HERE IF MAKING CHANGES Der 63-1288505 Prof Status Desired — \$8.75. Additional Fee Required Address of New Registered Agent	Address P 0 B0X 760 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Country Select YARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Country Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Select YARY OF STATE TALLAHASSEE, FLORIDA Applied For Not Applied For Not Applicable Select YARY OF STATE TALLAHASSEE, FLORIDA Applied For Not Applied For No	4 Entite Ma	JMENT	T# (PU10	0011	16726	i				00.555			
DOCUMENT # P01000116726 1. Entity Name GREGORY'S CONSTRUCTION OF NORTH FLORIDA INC Principal Place of Business 2592 W. A. CLARK RD Principal Place of Business 2592 W. A. CLARK RD Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Suite Apt. #, etc. Country Su	27 PM 2:51 ARY OF STATE SSEE, FLORIDA OLO \$ (50-00) MAKING CHANGES Applied For Not Applied Fee Required	O3 FEB 27 PM 2: 51 Shate TARY OF STATE TALLAHASSEE. FLORIDA O2 0(050 010 \$ (50.00) CHECK HERE IF MAKING CHANGES Der 63-1288505 Applied F Not Applied F Not Applied F Not Applied F Se Required d Address of New Registered Agent	ON OF NORTH FLORIDA INC Mailing Address P O BOX 760 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent Name Name			/ 🗅 🗘 🗘				, 					النبتة السنة	
DOCUMENT # P01000116726 1. Entity Name GREGORY'S CONSTRUCTION OF NORTH FLORIDA INC Principal Place of Business 2592 W. A. CLARK RD PO BOX 760 GENEVA AL 36340 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country SLORE FARY TALL AHASSEE 10 - 30 - 0 2 0 (0 5 0 0) 0 CHECK HERE IF MAKING City & State Country S. Certificate of Status Desired 7. Name and Address of New Registered Agent Name ELLENBURG, USA	27 PM 2:51 ARY OF STATE SSEE, FLORIDA OLO \$ (50-00) MAKING CHANGES Applied For Not Applied Fee Required	CHECK HERE IF MAKING CHANGES Der 63-1288505 Prof Status Desired — \$8.75. Additional Fee Required Address of New Registered Agent	ON OF NORTH FLORIDA INC Mailing Address P O BOX 760 GENEVA AL 36340 3. Mailing Address Suite, Apt. #, etc. City & State 4. FEI Number 63-1288505 Applied For Not Applicable Sof Current Registered Agent Name	DOCL			<u> </u>	PECKL	1	JDN) .	<u> </u>				├ ─ [⁻¹]	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(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 altachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/30/03

33 4684 6398 Dayling Phone # :R2E034 (10/02)

Here is a copy of the (two) check I wrote last year. They both bod clear my bank. Please put the 150 a dollar on this year instead of reinbursting me on this.

S8010028

H Poloso 116726

The base can Question Please

If you have any Question Please Call Ricky Maura at 334-684-6398