2003 FOR PROFIT CORPO... UNIFORM BUSINESS REPORT

AMENDED

12/03 DEC 29 PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000043921

1. Entity Name
KALO SMITH CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
16 WASHINGTON ST., LOT #4 EASTPOINT, FL 32328	~~16 WASHINGTON ST., LOT #4~~ ~~EASTPOINT~~, FL 32328 PO BOX 1095 EASTPOINT FL 32328

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75 3046902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JOSEPH K 16 WASHINGTON ST., LOT #4 EASTPOINT, FL 32328	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT SMITH, JOSEPH K 16 WASHINGTON ST., LOT #4 EASTPOINT, FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD MILLENDER P.O. BOX 113 CARRABELLE, FL 32322	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, CARLOS 605 WILDERNESS RD. EASTPOINT, FL 32328	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES CROSS 16 WASHINGTON ST, LOT #4 EAST POINT, FL 32328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURNER, TALMADGE D P.O. BOX 161 EASTPOINT, FL 32328	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000025817340 12/29/03--01057--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: Joseph K Smith 4/20/03 850-653-5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph K Smith 12/4/03 850-381-6364

AMENDED