2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2003 8:00 am Secretary of State P02000086254 DOCUMENT # 09-04-2003 90067 042 ***550.00 1. Entity Name RRG CONSTRUCTION CO. INC. Principal Place of Business Mailing Address 3094 CORBIN GAINEY ROAD 3094 CORBIN GAINEY ROAD **DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433** 2. Principal Place of Business 3. Mailing Address **0**99 (2001) Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INFINGER, RICKY 3094 CORBIN GAINEY ROAD **DEFUNIAK SPRINGS FL 32433** City 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 familia the obligations of registered agent. SIĞNATURE ture, typed exprinted name of registered agout and title happlicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition INFINGER, RICKY NAME NAME 3094 CORBIN GAINEY ROAD Same STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP Addition VD. ☐ Delete TITLE Change TITLE INFINGER, RANDY NAME NAME 126 HIDDEN VALLEY COURT STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32433** CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition ADAMS, GENE NAME NAME STREET ADDRESS 5548 KEVIN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32536** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Date

Daytime Phone #

CR2E034 (4/03)