2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2008 90247 026 ***150.00 DOCUMENT # P03000147350 RANDALL & DUSTIN KING CONSTRUCTION, INC. 4 U U U U V A V Principal Place of Business Mailing Address 301 ST. CHRISTOPHER ST. 196 E. NINE MILE RD. PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04082008 Chg-P City & State City & State 4. FEI Number Applied For 56-2418574 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 Name KING, RANDALL L 301 ST. CHRISTOPHER ST. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32534 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 agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME KING, RANDALL L NAME STREET ADDRESS 301 ST. CHRISTOPHER ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP DILE ☐ Delete TITLE 🔀 Change ☐ Addition KING DUSTIN T KIMG, DUSTIN T. NAME NAME JUI ST. CHRISTOPHER ST STREET ADDRESS 8655 RANDELL WOODS DR. STREET ADDRESS CITY-S1-ZIP PENSACOLA, FL 32514 CITY-SI-ZIP PEMSALOLA, FL 32534 TITLE X Delete THE Change Addition CHAMPAGNE, NATILIE D NAME NAME STREET ADDRESS 8655 RANDELL WOODS DR. STREET ADDRESS CITY - ST- 7IP PENSACOLA, FL 32514 CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP THLE Oelete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

anda AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED