2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State D⊝CÜMENT # P03000150720 02-27-2004 90036 042 ***150.00 PHILIP WALZ CONSTRUCTION, INC. Principal Place of Business Mailing Address 1400 AENON CHURCH ROAD P O BOX 2254 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32316 2. Principal Place of Business 3. Mailing Address CR2E034 (11/03) Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE Applied For City & State City & State Not Applicable 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 FITZGERALD, BRIAN E Street Address (P.O. Box Number is Not Acceptable) --903 1/2 N.-MONROE ST: TALLAHASSEE FL 32303 Zip Code 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Apent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Change Addition MLE ☐ Delete FITZGERALD, BRIAN E MANUE NAME STREET ADDRESS STREET ADDRESS 903 1/2 N. MONROE ST. CITY-ST-ZIP TALLAHASSEE FL 32303 City-St-ZIP Delete TITLE ☐ Change Addition TITLE P & S WALZ, PHILIP A NAME NAME P. O. BOX 2254 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32316-2254 CITY ST. 7IP. CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change Addition DILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE IIII F 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 eath; 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: PHILIP A.WALZ <u>2/24/04</u>

FILED

Mar 08, 2004 8:00 am

Daytime Phone I