2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP Will NAME STREET ADDRESS

FILED

| ANNOAL | MEPON I | : # ₋ : | <u>and a</u> case of a | - Apr 25. | , 2006 08:00 . | |
|--|--|--------------------|--|--|--|--|
| DOCUMENT # P03000153202 | | | | Secretary of State | | |
| 1. Entity Name BROCK CLEARING AND EXCAVATION | או זאוכ | | | Seci | cuity of Stutt | |
| BROCK CELAKING AND EXCAVATION | | 1 | | | | |
| \\\\\\\\ | A CONTRACTOR OF THE SECOND | 9 | | | | |
| Principal Place of Business | Mailing Address | | | | | |
| 350 BASSWOOD RD PORT ST JOE, FL 32456 | 350 BASSWOOD RD PORT ST JOE, FL 32456 | • | | | | |
| | | . 6 | 191911 |)) | 188 0 1 01 0 1 1010 1080 1880 1800 1800 1800 1800 | |
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| DO NOT WRITE IN THIS SPAC | | | 04192006 | No Chg-P | CR2E034 (11/05) | |
| DO MOI AMOUNT HA HUR OLW | | Tears | 4. FEI Numb 20-04 | | Applied For Not Applicable | |
| | | | | | \$8.75 Additional | |
| | <u> </u> | <u> </u> | 5. Certificat | e of Status Desired | Fee Required | |
| 6. Name and Address of Current R | egistered Agent | | | " " | <u> </u> | |
| BROCK, THOMAS A 350 BASSWOOD RD | | | DO | NOT WF | RITE | |
| PORT ST JOE, FL 32456 | | | | | | |
| | | |)1 % | THIS SPA | 4CE | |
| _ #* | in park to the second second | | . Per e e en e e e e e e e e e e e e e e e | registry to the state of | rango or one a first of the fir | |
| The above named entity submits this statement for the obligations of registered agent. | he purpose of changing its registere | ed office or r | egistered agent, or be | oth, in the State of Florid | ta. I am familiar with, and accept | |
| | | | | | T. 12 1/2 | |
| SIGNATURE Signature, typed or printed name of registered agent are | title d'applicable, (NOTE: Registères | Agent signature | reduiling when serustation) | en e | DATE | |
| | 9. Election Campaign Finan | ıcina | \$5.00 May Be | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | الماسية الماسية | | Added to Fees | | | |
| 10. OFFICERS AND D | RECTORS | Γ | · · · · · · · · | 1 | | |
| DP DDOCK THOMAS A | | 1 | | | | |
| NAME BROCK, THOMAS A STREET ADDRESS 350 BASSWOOD RD | | } | | | | |
| CITY-ST-ZIP PORT ST JOE, FL 32456 | | j | | | | |
| THE | | l . | | | | |
| NAME STREET ADDRESS | | İ | | U0000053 | 13144 | |
| CITY-ST-ZIP | <u>,</u> | | | U5/U5/U6-8L | 113-004 158.75 | |
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| NAME STREET ADDRESS | | l | atte step | al a most some as we as no | of Sedecher | |
| CITY-ST-ZIP | | Į | UO | NOT WE | dit. | |
| TITLE | | l | IN | THIS SPA | ACE | |
| NAME STREET ADDRESS | |] | € X 164 | च्च महत्त्वतः चलामं त्री | de antida, basso | |
| CITY-ST-2IP | principal description of the part of the street of the first |] . | | | | |
| TITLE | | 1 | | | | |
| NAME | | 1 | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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: Thomas & Brack 4-24-04