2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2008 8:00 am DOCUMENT # P05000083162 Secretary of State 1. Entity Name 02-07-2008 90019 049 ***150.00 M DAIGLE AND SONS CONSTRUCTION, INC. Principal Place of Business Mailing Address 1751 BLAIR ROAD JACKSONVILLE FL 32221 1751 BLAIR ROAD JACKSONVILLE FL 32221 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-2967845 Not Applicable Ζıp Zip 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 DAIGLE, MICHAEL A SR. Street Address (P.O. Box Number is Not Acceptable) 1751 BLAIR ROAD JACKSONVILLE FL 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 Signature, typed or partied transit of registered agent and attent approach. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition DAIGLE, MICHAEL A SR. NAME NAME STREET ADDRESS 1751 BLAIR ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP VΡ TITLE Delete ππε Addition icharo AWTHORY DAIGIE 1319 ShiNDLER PK#5 TACKSONVIlle, FlA NAMÉ DAIGLE, BRIAN K NAME 4708 CATES AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE THUE ☐ Delete NAME BANNER, THEODORE W NAME STREET ADDRESS STREET ADDRESS 5564 110TH STREET CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - 70P TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7/P

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

A DAIGLE SR 1-30-18 9143344765

ECTOR DAIGLE SR 1-30-18 9143344765

FILED