2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P14980** 1. Entity Name R. D. VAUGHN CONSTRUCTION CO., INC. 03-20-2000 90062 008 ***150.00 Mailing Address Principal Place of Business 2478 COMMERCIAL PARK DR., PO BOX 9463 2478 COMMERCIAL PARK DRIVE MOBILE AL 36691-0463 MOBILE AL 36606-2001 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0806471 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEALL, PHILIP D. Street Address (P.O. Box Number is Not Acceptable) 111 SOUTH SPRING STREET PENSACOLA FL 32501 Zin 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees 亼 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD ☐ Change Addition TITLE TITLE ☐ Delete VAUGHN, R.D. NAME NAME STREET ADDRESS STREET ADDRESS 1111 SAVANNAH ST. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Change ☐ Addition ☐ D∈ lete TITLE VAUGHN, SANDRA K. NAME 1111 SAVANNAH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE AL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete WHEAT, RALPH L. JR. NAME ~ NAME STREET ADDRESS STREET ADDRESS 2502 OAK VIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS
CHY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

3-14-00

334-476-957E

☐ Change

Change

☐ Addition

Addition

Daytime Phone #