FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

PROFIT HLED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 NOV 20 AM 11: 04 Secretary of State 1998 DIVISION OF CORPORATIONS SECRICIALLY UF STATE TALLAHASSEE, FLORIDA (8)**DOCUMENT #** P39206 R.B. BAKER CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 7192 P.O. BOX 7192 GARDEN CITY GA 31418 GARDEN CITY GA 31418 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/10/1992 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 58-1913649 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 ΠNο Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BECKWITH, J. D 81 Name 4221 BAY MEADOWS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 11 JACKSONVILLE FL 32217 83 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change BAKER, ROBERT BRUCE -ÁAME 1.2 NAME 500002694995--3 120 PINDER POINT ROAD STREET ADDRESS 1.3 STREET ADDRESS -11/24/98--01025--019 PORTWENTWORTH GA CUTY-ST-ZIP 1.4 CITY - ST - ZIP ****550.00 TITLE ☐ DELETE 2.1 TITLE DAVIS, ALTON G. HAME 2.2 NAME 106 E. 60TH ST. STREET ADDRESS 2.3 STREET ADDRESS Savannah ga CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition BECKWITH, J. D NAME 3.2 NAME 4221 BAY MEADOWS ROAD, SUITE 11 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition GRINER, RICHARD D. NAME 4. 2 NAME 5 OFFSHORE RD. STREET ADDRESS 4.3 STREET ADDRESS SAVANNAH GA LL 10 A Change CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE DELETE ☐ Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on applicachment with an address. 125 REQUIRED