2000 UNIFORM BUSINESS REPORT (UBR) FHEDApr 22, 2000 8:00 am Secretary of State DOCUMENT # P93000004356 E. G. BRASWELL CONSTRUCTION, INC. 04-22-2000 90132 021 ***150.00 Mailing Address Principal Place of Business 5640 LAUREL AVE 5640 LAUREL AVE KEY WEST FL 33040 KEY WEST FL 33040-5915 016446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0390390 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDGAR G. BRASWELL EROL M. VURAL, P.A. Street Address (P.O. Box Number is Not Acceptable) BARNETT BANK BLDG. 2ND FLOOR, MILE MARKER 25, US HWY. 1 5640 AYENUE LAUREL SUMMERLAND KEY FL 33042 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. name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees M Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PVST** ☐ Delete TITLE BRASWELL EDGAR G. BRASWELL, EDGAR G NAME NAME 5640 LAUREL AVE STREET ADDRESS 5640 LAUREL AVE STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 Addition TITLE ☐ Delete BRASWELL IX EDGAR G. BRASWELL, EDGAR G NAME 5640 LAUREL AVE STREET ADDRESS 5640 LAUREL AVE STREET ADDRESS CITY-ST-7IP KEY WEST FL 33040 KEY WEST FL CITY-ST-ZIP ☐ Delete -TITLE TITLE 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-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

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 execute 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: —

NAME

STREET ADDRESS

CITY-ST-7IP