SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000004664 (7) J.P. HAYES CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 206 WINDSONG CT 206 WINDSONG CT NICEVILLE FL 32578 NICEVILLE FL 32578 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1993 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3209622 Not Applicable Suite, Apt #, etc Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zin Country 8. This corporation has hability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Αí Name HAYES, JOHN P 206 WINDSONG CT 82 Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 32578 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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. Lam familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE Signature: Spreiser product runs of registered agent and the diapalicable (North Registered Agent signature required when relistating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/8)THEF DELETE 11 THLE ____ Change ____ Addition NAME HAYES, JOHN P 1.2 NAME CR2E034 STREET ADDRESS 206 WINDSONG CT 1.3 STREET ADDRESS NICEVILLE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE ST DELETE 2 1 THLE Change Addition NAME HAYES, NANCY 2.2 NAME STREET ADDRESS 206 WINDSONG CT. 2.3 STREET ADDRESS CHTY - ST - ZIP NICEVILLE FL 2 4 CITY - ST - ZiP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST ZIP TITLE DELETE 4 1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY-ST-ZIP THLE DELETE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-S1-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 I TIILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and 12 or Brock 13 if changed, or on an attachment with an abdress

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6-11-96