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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079016 (0)

1. Corporation Name
LOWRY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
14110 PERDIDO KEY DRIVE SUITE T-1 PENSACOLA FL 32507	14110 PERDIDO KEY DRIVE SUITE T-1 PENSACOLA FL 32507-9529

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. # etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 11/08/1993

3a. Date of Last Report: 01/29/1996

4. FEI Number: 59-3213580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAWYER, JOHN R
222 W CERVANTES
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: JAMEE LOWRY
82 Street Address (P.O. Box Number is Not Acceptable): 14110 PERDIDO KEY DRIVE, SUITE T-1
83
84 City: PENSACOLA FL 85 Zip Code: 32507

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] JAMEE LOWRY 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 1 TITLE	☒ Change ☐ Addition
NAME	LOWRY, GARY		1 2 NAME	
STREET ADDRESS	6225 SIGUENZA DRIVE		1 3 STREET ADDRESS	14110 PerdidoKey Drive T-1
CITY-ST-ZIP	PENSACOLA FL 32507		1 4 CITY-ST-ZIP	Pensacola FL 32507
TITLE	ST	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
NAME	LOWRY, JAMEE		2 2 NAME	
STREET ADDRESS	6225 SIGUENZA DRIVE		2 3 STREET ADDRESS	14110 Perdido Key Drive T-1
CITY-ST-ZIP	PENSACOLA FL 32507		2 4 CITY-ST-ZIP	Pensacola FL 32507
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 ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE: [signature] JAMEE LOWRY 904 492-7200