2004 FOR PROFIT CORPORATION

Apr 14, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P94000014451 1. Entity Name 04-14-2004 90021 006 ***150.00 GARVIN BRAZEL CONSTRUCTION, INC. Principal Place of Business Mailing Address 422 RANDALL LANE CANTONMENT FL 32533 24032342 422 RANDALL LANE CANTONMENT FL 32533 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3228000 Not Applicable Ziο Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAZEL, GARVIN JR Street Address (P.O. Box Number is Not Acceptable) **422 RANDALL LANE** CANTONMENT FL 32533 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRAZEL, GARVIN L JR NAME NAME STREET ADDRESS **422 RANDALL LANE** STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-7IP GUNN JEREMYL. CORRECTIONS 422 R'ANDAMENT, H BRAZEL, GARVINLJR - SAME AS 422 RANDAMENT. CANTONINE D CANTONI Correction of TITLE ☐ Delete TITLE GYNN, JERENY NAME NAME 422 RANDALL LN STREET ADDRESS STREET ADDRESS **CANTONMENT FL 32533** CITY-ST-ZIP CITY-ST-7IP Addition Delete TITI E TITLE NAME NAME' GARVIN-BRAZEL J STREET ADDRESS **422 RANDALL LN** STREET ADDRESS president CITY-ST-ZIP CANTONINENT CITY-ST-ZIP CANTONMENT FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP

SIGNATURE:

FILED