FILED

DOCUMENT # P94000023912 1. Entity Name G. GIFFORD CONSTRUCTION CO.						Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90042 029 ***158.75				
Principal Place of Business Mailing Address 1771 23RD STREET SW NAPLES FL 34117 US Mailing Address 1771 23RD STREET SW NAPLES FL 34117 US										
2. Principal Place of Business 10681 Airport Rt N. Suite, Apt. #, etc. #24 3. Mailing Address 10681 Airport Rt Suite, Apt. #, etc. #24						DO NOT WRITE			[
City & State Naples, FC Zip Country Zip Country Zip			Country			Not A Sertificate of Status Desired 50 \$8.75 Addition			pplied For ot Applicable ditional	-
3410	6. Name and Address of Current F	34109 legistered Agent	V	<u>ک</u>		Name and Address of New Re	F	ee Require	<u>+d</u>	1
GIFFORD, GREGORY L 1771 23RD STREET SW NAPLES FL 33964					ddress (P.O. i	Sregory L. Box Number is Not Acceptable) Afercy Or				
				City A	aples		FL	Zip Cod 3411	ie	1
B. The above named entity submits this statement for the purpose of changing its registered office or registere SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required w						einstating)	1-30 DATE	-02		1
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab 11. OFFICERS AND DIRECTORS			2 Fee	vili be \$5	50.00 of State	10. Election Campaign Fina Trust Fund Contribution		Added	May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, GREGORY L 1771 23RD STREET SW NAPLES FL 33964	☐ Delete	TITLE NAME STREE	1	6.ff0 297	oditions/changes to office the control of the contr		X Change	Addition	PE034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u>TOMPTE</u>	J, PC J 117 1	[Change	Addition	CBC
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ		7-	[Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		, , , , , ,		Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			C] Change	☐ Addition	
of the corp	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an oddress, with the coration of the receiver or trustee empower or on an attachment with an oddress, with the coration of the	rue and accurate and that my rered to execute this report as	signati	ire shall ha	ve the same I	legal effect as if made under ca	th; that I am appears in E	an officer	or director Block 12 if	

SIGNATURE:

SIGNATURE DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR