2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P9400029954 SUNSHINE STATE CONSTRUCTION, INC. 04-23-2001 90054 043 ***158.75 Principal Place of Business Máiling Address 59 OCÉANWAY DRIVE 59 OCEANWAY DRIVE PONCE INLET FL 32127 PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address 4000 S.A 4000 S.AILANT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3238622 שינפטת 8 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3212 4.2.W Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Monit CRANE, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) **59 OCEANWAY DRIVE** AHANTIC PONCE INLET FL 32127 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1-2001-Fee will be \$550:00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVT Pひて Change : TITLE ☐ Delete TITLE crome And CRANE, ANN MAME NAME 4000 S. AtLANTE ALP **59 OCEANWAY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITI F CRANE, TIMOTHY NAME Comme Times NAME **59 OCEANWAY DRIVE** STREET ADDRESS STREET ADDRESS 4000 2-041 WiBUR By Sep, Fl. CITY-ST-7IF PONCE INLET FL 32127 CITY-ST-ZIP ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Course Seconory

4-15-2001

386-756-626

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