2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2001 8:00 am Secretary of State DOCUMENT # P94000039549 HIGHWAY & HEAVY CONSULTANTS, INC. 01-09-2001 90016 033 ***150.00 Principal Place of Business Mailing Address 16 WESTON RD 16 WESTON RD **■** .4 x4 LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3247978 Not Applicable ,≣- : Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, R. PATRICK ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 N. THORNTON AVENUE ORLANDO FL 32801-2164 City Zip Code **=**1.5 m 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be **=** 75 55 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. ≡ --Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition Change Delete TITLE TITLE KELLEY, PETER G NAME STREET ADDRESS 16 WESTON RD STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KELLEY, MARY S NAME NAME 16 WESTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE KELLEY, KAREN S. NAME NAME 18815 Dudues Da 13821 FLETCHER MILL DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL. 33647 TAMPA FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TIT1 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 4. 2001

352-326-212

Daytime Phone #