2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P94000046064 MANNING WOODLEY CONSTRUCTION CO. INC. 02-14-2000 90181 027 ***150.00 Mailing Address Principal Place of Business 7001 FONTAINBLEAU CRESCENT 7001 FONTAINBLEAU CRESCENT 60020774 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211-4101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3234403 Not Applicable Zip 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 WOODLEY, MANNING JR Street Address (P.O. Box Number is Not Acceptable) 7001 FONTAINBLEAU CRESCENT JACKSONVILLE FL 32211 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE , 🔲 Delete TITLE WOODLEY, MANNING NAME NAME STREET ADDRESS STREET ADDRESS 7001 FONTAINBLEAU CRESCENT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete Change ☐ Addition TITLE TITLE WOODLEY, ELAINE L NAME NAME 7001 FONTAINBLEAU CRESCENT STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE WOODLEY, JACK A NAME NAME 7013 Fontainbleau Crescent Tacksonville, Fr 32211 1609 MORGANA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32211 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

2/9/00 (9/4) 7/4-9/

FILED