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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

Apr 30, 2003 8:00 am Secretary of State P94000050416 DOCUMENT # 04-30-2003 90069 033 ***150.00 1. Entity Name MYERS JACKSON CONTRACTING, INC. Principal Place of Business Mailing Address 10001318 9163 LEDGER LANE P.O. BOX 370 TALLAHASSEE FL 32310 BAINBRIDGE GA 31717 3. Mailing Address 2. Principal Place of Business 370 PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3258505 BANBRIAGE GA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOLSOM, EDGAR Street Address (P.O. Box Number is Not Acceptable) 9163 LEDGER LANE TALLAHASSEE FL 32310 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition JACKSON, MYERS NAME NAME 718 BOOSTER CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bainbridge ga 31717 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FOLSOM, EDGAR NAME STREET ADDRESS 9163 LEDGER LANE STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP CITY-ST : ZIP MORRIS Delete TITLE TITLE ☐ Change Audition NAME ROMP, RODGER NAME 1000×365 Blowns fown & 32424 STREET ADDRESS 718 BOOSTER CLUB RD STREET ADDRESS CITY-ST-ZIP **BAINBRIDGE GA 31717** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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

SIGNATURE:

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. マグ フンロマ 0657-7202