FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 15, 2003 8:00 am Secretary of State DOCUMENT # P94000078503 04-15-2003 90105 002 ***150.00 1. Entity Name CRISHER CONSTRUCTION, INC. Principal Place of Business Mailing Address AASTAAA 225 N. 14TH STREET PO BOX 999 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3272945 Not Applicable Zip Country 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 Name CRISHER, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 225 N. 14TH STREET FERNANDINA BEACH FL 32034 City Zio Code e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above name nits this s the obligations SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. ☐ Addition TITLE Delete TITLE NAME NAME CRISHER, STANLEY J STREET ADDRESS STREET ADDRESS 225 N. 14TH STREET CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME CRISHER, GRACIE G STREET ADDRESS STREET ADDRESS 2059 OAK MARSH DRIVE CITY-ST-ZIP. CITY-ST-ZIP _ FERNANDINA BEACH FL-32034 TITLE ☐ Delete TITLE Change Addition NAME CRISHER, JAMES N STREET ADDRESS STREET ADDRESS 2059 OAK MARSH DRIVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quark for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental peports true and accurate any 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 re changed, or on an attachm SIGNATURE:

tthat my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

indicated on this report or sup bu