FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION. -Sarid•a B. Mortnam ANNUAL ŘEPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000007164 (3) DOCUMENT # A & P FILL DIRT, INC. Mailing Address Principal Place of Business 2655 SW HWY 484 2655 SW HWY 484 OCALA FL 34473 **OCALA FL 34473** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59.3295075 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032. Country Zip Country $Z_{i}\rho$ ☐ Yes ☐ No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PAVICIC PAVICIC, MARKO Street Address (P.O. Box Number is Not Acceptable) 2971 SW. 137 LW. OCALA FL 34473 85 77/ 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office flor thange was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent. I am in 1999, Florida Statutes. lections 607.0502 and the State of Florida Such 11. Pursuant to the prov or registered agent, familiar with, and ag (NOTE: Registered Agent signed as required when her stating) CR2E034 (12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 DELETE [] Change Addition 1 1 THE JITLE PAVICIC, MARKO 1.2 NAME NAME 2977 SW. 137 LW. 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL 34473** 14 CiTY-ST-ZIP CITY - ST - ZIP Addition PAVICIC KATICA DA 2977 SW. 137 LW. 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS OCALA, FL. 34473 2.4 CITY - ST. ZIP CITY - ST - ZIP ☐ Change Addition 3 TITLE . TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 7:P CITY - ST-ZIP 3000017993**0**@* -04/29/96--01078--040

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on thy annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the regiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghayged or on an attaching with an address.

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE