SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE - FILED CORPORATION ANNUAL REPORT Katherine Harris Secretary of State 99 JUL 27 PM 3: 13 **⁄1999** DIVISION OF CORPORATIONS DOCUMENT # P95000011882 FEMARY OF STATE AP 11 SET. FLERIDA T. GRAHAM CONSTRUCTION CONSULTING MANAGEMENT GUI LD, INC. Principal Place of Business Mailing Address 3333 N. WASHINGTON BLVD. 3333 N. WASHINGTON BLVD. SARASOTA FL 34234 SARASOTA FL 34234 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 02/10/1995 Principal Place of Business 3831 BAOG 4 FEI Number Applied For BADOLR 65-0603075 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State
SALAS OTA Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year 25 SARASOTA ARASOIA Intangible Personal Property. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **B. THOMAS GRAHAM** 82 Street Address (P.O. Box Number is Not Acceptable) 33363 N. WASHINGTON BLVD. #2 83 SARASOTA FL 34234 84 City Zio Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (5/99) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ___ DELETE 1.1 TITLE __ Change __ Addition **B. THOMAS GRAHAM** NAME 12 NAME 2175 MAGNOLIA ST. STREET ADDRESS 13 STREET ADORESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CITY-ST-ZIP VICE PRESIDEN TITLE DELETE 21 TITL€ Addition 400002953094 MANNS NAME 2 2 NAME 1651 GEORGETOWN BLOO -08/06/99--01085--005 STREET ADDRESS 2.3 STREET ADDRESS *****65.00 *****65.00 ACASOTA CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition ut planns NAME 3.2 NAME 923 SISTAVE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Change ___ Addition NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE 🔲 DELETE 61 TITLE Change Addition

6.2 NAME

14. 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 didicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that 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 and

6 3 STREET ADDRESS 6.4 CiTY-ST-ZIP

in Block 12 or Block 13 if changed, or on an attachment with an address B. THOMAS CRAHAM SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

941-955-3252