2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: GARALD OUR 140L7
SIGNATURE AND TYPED OR PRINTED NAME OF S

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P95000038389 G & P CONTRACT SERVICES, INC. 01-18-2000 90110 017 ***150.00 Mailing Address Principal Place of Business C/O GARALD DEAN OVERHOLT GARALD DEAN OVERHOLT 30 WALTON SHORES CT WALTON SHORES CT **DESTIN FL 32541-3953** FE 32541 IJŜ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3296984 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OVERHALT, GARALD D Street Address (P.O. Box Number is Not Acceptable) 30 WALTON SHORES CT DESTIN FL 32541 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition DVST □ Delete TITLE TITLE OVERHOLT, GARALD NAME NAME STREET ADDRESS 30 WALTON SHORES CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DESTIN FL** ☐ Addition Change ☐ Delete TITLE TITLE OVERHOLT, PATRICIA NAME NAME STREET ADDRESS 30 WALTON SHORES CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL Change ☐ Addition Delete TITLE TITLE GARALD OVERHOLT NAME TEDESCO, MICHAEL W 30 WALTON SHORES CT. STREET ADDRESS STREET ADDRESS 99 MAGNOLIA CREEK RD. CITY-ST-ZIP 32541 CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CVTY-ST-ZIP CITY-ST-ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information agnature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if