COCUM	MENT #		0038647			May 2	FILE		
I. Entity Name		F3500	0036047			May 2	4, 200	12 0: .f C	tota
3ROW CC	ONSTRUCTION	, INC.			\		etary (
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Principal Place	of Business	1	Mailing Address			00 2.1 2			00.00
1548 METROPOLITAN BLVD STE 4 1546 METROPOLITAN BLVD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308									
ALLAHASSEE	FL 32308	1	TALLAHASSEE FL 32308 US						
				•					
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.									
			Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SP	ACE	
City & State	· •		City & State		4	, FEI Number		IAp	plied For
						59-3313997 Not Applicable			t Applicable
Zip	Count	ry	Zip	Country	5	. Certificate of Status Desired		B.75 Add e Required	fitional d
	6. Name and Add	iress of Current	Registered Agent		7	. Name and Address of New			
GROW WI	LLIAM A JR	•		. Name.		range and the second		•	-
306 WILLIS						. Box Number is Not Accepta kmont_Drive	ble)		
TALLAHAS	SEE FL 30303								
				Tan :	lahass	ee .	FL	3239	^e 2
. The above r	named entity submits	this statement fo	or the purpose of changing it	ts registered office	or registered	agent, or both, in the State of	Florida.		
							,		
IGNATURE _	Signature, typed or printed no								
G.		aus oi rediziereo edeur	and title if applicable. (NC	OTE: Registered Agent sign	ature required whe	n reinstating)	DATE		
9. This corpor	ration is eligible to sa	tisfy its Intangible	FILE NOW	VIII FEE IS \$150).00 (우리)	êx		.	0
9. This corpor	ration is eligible to sa equirement and elect	tisfy its Intangible	FILE NOW	VIII FEE IS \$150 2002 Fee will be s	0.00 /s \$550.00	n reinstating) 10. Election Campaign Trust Fund Contribu	Financing		0 May Be I to Fees
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) ~ **1** TALLAHASSEE-FL 32302 9129 \$ \$0.34 \$2.10 Postage 0682 09 Certified Fee Postmark Here 0005 Return Receipt Fee (Endorsement Required) \$1.50 Restricted Delivery Fee (Endorsement Required) \$0.00 0230 \$ \$3.94 Total Postage & Fees Street, Apt. No.; or PO Box No. 7002