2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P95000050374 WEST CALHOUN CONSTRUCTION CO., INC. 01-20-2000 90104 004 ***150.00 Principal Place of Business Mailing Address 2912 MOSSY COVE LANE 8668 NAVARS PKWY NAVARRE BEACH FL 32566 **BOX 150** 803147 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address 749 Gulf Breeze PKWY <u>374</u>9 Gulf Breeze PKWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NF Breeze State Breeze 4. FEI Number Applied For 59-3323379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALHOUN, WEST J Street Address (P.O. Box Number is Not Acceptable) 8568 NARARE PKWY Gulf Breeze PKWY BOX-150 NAVARRE FL-32566 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 After 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE CALHOUN, WEST J NAME NAME 3749 D Gulf Breeze PKWY STREET ADDRESS STREET ADDRESS 8668 NARARE PKWY BOX 150 Gulf Breeze, FL 32561 CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL Change ☐ Delete TITLE ☐ Addition TITLE CALHOUN, AMY A NAME 3749 D Gulf Breeze PKWY STREET ADDRESS STREET ADDRESS 8668 NARARRE PKWY BOX 150 Gulf Breeze, FL 3256 CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 indicated on this report or supplemental report is true and accurate and 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1/12/0

(850) 939-9200

☐ Change

Change

☐ Addition

Addition

Daytime Phone #