2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P96000040562 WOODY KING CONSTRUCTION, INC. 02-27-2001 90359 013 ***150.00 Principal Place of Business Mailing Address 421 WHIRLPOOL ROAD 421 WHIRLPOOL ROAD CENTURY FL 32535 CENTURY FL 32535 924438 U\$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3379267 Not Applicable ! Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, WOODROW JR Street Address (P.O. Box Number is Not Acceptable) 421 WHIRLPOOL ROAD CENTURY FL 32535 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change TITLE ☐ Delete TITLE Hoffman , Charles S. KING. WOODROW J NAME NAME 4414 BIXby Circle **421 WHIRLPOOL ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CENTURY FL 32535 CITY-ST-ZIP Pensacola FL 32514 Change Addition TITI F ☐ Delete TITLE maddox beerge s. NAME NAME 14 20 acorn lane STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>Pensacola FL 32514</u> ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DESIRECTOR