2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 13, 2004 8:00 am Secretary of State **DOCUMENT # P97000031660** 09-13-2004 90118 001 ***300.00 SIKES CONSTRUCTION, INC. Principal Place of Business Mailing Address 8030 HWY 77 P O BOX 8306 SOUTHPORT, FL 32409 SOUTHPORT, FL 32409 2. Principal Place of Business 3. Mailing Address *\$030* D.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) 4. FEI Number Applied For 59-3442176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIKES, HUBERT L JR. Street Address (P.O. Box Number is Not Acceptable) 8030 HWY 77 SOUTHPORT, FL 32409 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME SIKES, HUBERT L JR. NAME 8030 HWY 77 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTHPORT, FL 32409 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition Secretary Sandra Halson SIKES, LEE A NAME NAME 14123 Ashton Way 8030 HWY 77 STREET ADDRESS STREET ADDRESS SOUTHPORT, FL 32409 CITY-ST-7IP CITY-ST-7/P SouFhaort, VΡ TITLE 🗀 Delete TITLE ☐ Change ☐ Addition SIKES, H.L. SR NAME NAME STREET ADDRESS 8030 HWY 77 STREET ADDRESS SOUTHPORT FL 32409 CTY-ST-ZP CITY-ST-ZIP Addition TITLE ST Delete TITLE Treasurer ☐ Change Lec A. Sikes WILHITE, JUDY NAME NAME 2030 HWY 77 STREET ADDRESS 7143 COF ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 upport 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 10 or Block 11 if changed, or on an attachment with an ddress, with all other like empowered.

FILED