FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # P970000411,42 J & D SITE CONTRACTORS INC. 05-04-2001 90053 001 ***150.00 Principal Place of Business Mailing Address 350 MEADOWLARK COURT 350 MEADOWLARK COURT MARÇO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 11440 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3445996 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Kimber is N PRESBITERO, DONALD E 350 MEADOWLARK COURT MARCO ISLAND FL 34145 Zip Code 34114 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITI F ☐ Change ☐ Addition PRESBITERO, DOANLD NAME NAME 350 MEADOWLARK CT STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PRESBITERO, JEFFREY R NAME NAME 1144 RIGGS RD STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 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-ZIP TITLE ☐ Delete TITL F ☐ 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-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:

My Roush Teffrey Rheib: + ero

04-30-01

941-793-7806