2000 UNIFORM BUSINESS REPORT (UBR) Sep 07, 2000 8:00 am Secretary of State DOCUMENT # P9700080408 1. Entity Name MAYNARD PLANK EXCAVATING, INC. 09-07-2000 90004 003 ***550 00 Mailing Address Principal Place of Business 14505 MOSSY HAMMOCK LANE 14505 MOSSY HAMMOCK LANE MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 80105148 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 65-0772440 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. – 6. Name and Address of Current Registered Agent → c Name PLANK, MAYNARD I Street Address (P.O. Box Number is Not Acceptable) 14505 MOSSY HAMMOCK LANE MYAKKA CITY FL 34251 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. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do s Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Defete TITLE TITLE Plank, Maynard I. PLANK, MAYNARD(L) NAME NAME STREET ADDRESS 14505 MOSSY HAMMOCK LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MYAKKA CITY FL 34251 ■ Addition ☐ Change ☐ Delete TITLE PLANK, NANCY J NAME NAME 14505 MOSSY HAMMOCK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MYAKKA CITY FL 34251 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

V SIGNATURE AND TYPE OR PHYSTOF SIGNING OFFICER OR DIRECTOR DOTO PLANK 9/1/00 941/376-1/09

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Ottachment doc of Dept. of States: I have check with my bank about Ched #1604 That was witten of \$150.00 my back does not show that it has Cleared. Could you please check your records to Dee if you misapplied this check? Please let me know if you find it.