FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P97000102571 1. Entity Name 04-16-2002 90043 036 ***150.00 PAUL VACHON CONSTRUCTION, INC. Principal Place of Business Mailing Address 2020 NORTHEAST 44TH STREET 2020 NORTHEAST 44TH STREET OCALA FL 34479 OCALA FL 34479 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3491648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VACHON, PAUL Street Address (P.O. Box Number is Not Acceptable) 2020 NORTHEAST 44TH STREET OCALA FL 34479 ----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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. (9/01)☐ Delete TITLE TITLE Change ☐ Addition NAME VACHON, PAUL NAME STREET ADDRESS STREET ADDRESS 2020 N E 44TH STREET CITY-ST-ZIP OCALA FL 34479 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME VACHON, JR PAUL STREET ADDRESS STREET ADDRESS **3609 N E 27TH COURT** CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34479 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME CAMPBELL, DAVID F STREET ADDRESS STREET ADDRESS 1230 NE 22ND ST CITY-ST-ZIP CÎTY-ST-ZIP OCALA FL 34470 TITLE ☐ Delete TITLE SEC RATARY Change ☐ Addition NAME NAME vachon, Brian A STREET ADDRESS STREET ADDRESS 637 SE 24 ST CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TITLE ☐ Delete TITLE TREASURER ☐ Change Addition ERRY L. MERCER NAME NAME STREET ADDRESS STREET ADDRESS 14040 SF 5350 TETS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP 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 suppliemental 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