FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000102674 (3) DOCUMENT #

INFRASTRUCTURE, INC.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

THILF

NAME

Principal Place of Business Mailing Address 204 ESCAMBIA ST 204 ESCAMBIA ST MILTON FL 32570-6776 MILTON FL 32570-6776 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/01/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Zip Country Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUDSON, THEODORE W 204 ESCAMBIA ST Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570-6776 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE TITLE **TOLBERT, RICKY WAYNE** 1.2 NAME NAME 2997 HOLLEY POINT RD 1.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566-9506 1.4 CITY-ST-ZIP CITY-ST-ZIP Change __ Addition DELETE 21 TITLE TITLE HUDSON, THEODORE W 2.2 NAME NAME 5788 HERMITAGE CIR 2.3 STREET ADDRESS STREET ADDRESS MILTON FL 32570-8747 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby 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 annual report or supplemental ennual 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY - ST - ZiP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Thomas W. Ulidam Handore W. Hudson 4-3-98 CIGNATURE.

Change

☐ Addition

FILED

Apr 15 1998 8:00am

Secretary of State