2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 12, 2000 8:00 am Secretary of State DOCUMENT # P97000106633 1. Entity Name CLARK CONSTRUCTION ENTERPRISES, INC. 07-12-2000 90013 023 ***558.75 G 5.14 25 Principal Place of Business Mailing Address 395 ABALONE ROAD 395 ABALONE ROAD PALM BAY FL 32907 PALM BAY FL 32907-2961 us 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 59-3486766 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, DENNIS R Street Address (P.O. Box Number is Not Acceptable) 395 ABALONE ROAD PALM BAY FL 32907 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVST -TITLE Change ☐ Addition ☐ Delete TITLE CLARK, DENNIS R NAME NAME 395 ABALONE, ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition Change TITLE TITLE Delete CLARK, DENNIS R 1 NAME NAME STREET ADDRESS STREET ADDRESS 395 ABALONE ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Addition ☐ Change TITLE Delete CLARK, PATRICIA L. NAME NAME 395 ASALONE RD. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Addition TITLE Change TITLE ☐ Delete CLARK, PATRICIA L NAME NAME 395 ABALONE RD. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete [] Change TITLE TITLE 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 distee 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:

CITY-ST-ZIP