2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P98000004374** GS & S UTILITIES CONTRACTORS, INC. 04-29-2000 90012 037 ***150.00 Principal Place of Business Mailing Address 41 NORTH JEFFERSON STREET #110 41 NORTH JEFFERSON STREET #110 PENSACOLA FL 32501 PENSACOLA FL 32501-5644 US 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 59-3487041 Not Applicable Zip Country 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 T. DAVID MANN & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 41 NORTH JEFFERSON STREET, SUITE 110 PENSACOLA FL 32501 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MAYHAIR, GLENN NAME NAME 41 NORTH JEFFERSON STREET #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change ☐ Addition □ Delete TITLE TITLE **CUMMINGS, STEVE** NAME NAME 41 NORTH JEFFERSON STREET #110 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32501 STD~ Delete TITLE Change Addition COOKE, BILL G NAME 41 NORTH JEFFERSON STREET #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-ZIP Delete TITI F ☐ Change Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

april 21, 2000 850

983 . 0945

Daytime Phone #