2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026075 Apr 21, 2000 8:00 am Secretary of State R.D.C. CONTRACTING, INC. 04-21-2000 90031 031 ***150.00 Principal Place of Business Mailing Address 4444 MERRIMAC AVENUE 4444 MERRIMAC AVENUE JACKSONVILLE FL 32210-1815 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3520997 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 COOK, ROGER Street Address (P.O. Box Number is Not Acceptable) 4127 ARCOT CIRCLE JACKSONVILLE FL 32210 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Addition TITLE COOK, ROGER NAME NAME STREET ADDRESS 4127 ARCOT CIRCLE STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Addition ☐ Change TITLE D ☐ Delete TITLE COOK, DIANE NAME NAME STREET ADDRESS 4127 ARCOT CIRCLE STREET ADDRESS CITY-ST-ZIP - -CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

Cook

IGNATURE: DOMAN DEPOSITION DE PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-2000

779-6432

Daytime Phone #