2002 UNIFORM BUSINESS REPORT (UBR)

Jul 22, 2002 8:00 am Secretary of State DOCUMENT # P98000030759 1. Entity Name 07-22-2002 90160 046 ***550 00 LOCHER CONSTRUCTION, INC. Principal Place of Business Mailing Address 1506 DORY LANE 1506 DORY LANE SOUTHPORT FL 32409 SOUTHPORT FL 32409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3500789 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required ---- - 6.- Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent LOCHER, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 1506 DORY LANE SOUTHPORT FL 32409 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD (4/02)TITLE ☐ Delete TITLE ☐ Change Addition NAME LOCHER, RICHARD B NAME STREET ADDRESS 1506 DORY LANE STREET ADDRESS SOUTHPORT FL 32409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOCHER, TIMOTHY R STREET ADDRESS 901 TENNESSEE AVE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE Delete - - -TITLE --- Change . . Addition NAME JACKSON, WILLIAM K NAME STREET ADDRESS 2699 ROCHE RD STREET ADDRESS CITY-ST-ZIP VERNON FL 32462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition DUNN, STEVE R NAME NAME 5118 PINETREE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

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

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

GHARD B LOCITER 7-16-02 850-271-5959
ER OR DIRECTOR Date Daylime Phone #

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