2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P98000031722 1. Entity Name 09-17-2001 90002 014 ***550 00 DAWSON & SONS CONSTRUCTION, INC. Principal Place of Business Mailing Address 6478 DAWSON RANCH RD. 6478 DAWSON RANCH RD. 978787 LAUREL HILL FL 32567 LAUREL HILL FL 32567 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. FEI Number Applied For 59-3501592 Not Applicable Zip Country Zip 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 DAWSON, WILLIAM H SR. Street Address (P.O. Box Number is Not Acceptable) 6478 DAWSON RANCH RD. LAUREL HILL FL 32567 City Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 TITLE ☐ Delete TITLE ☐ Addition Change DAWSON, WILLIAM H SR. NAME NAME 6478 DAWSON RANCH RD. STREET ADDRESS STREET ADDRESS **LAUREL HILL FL 32567** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAWSON, JAMES P NAME 6478 DAWSON RANCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUREL HILL FL 32567 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DAWSON, CATHERINE M NAME 6478 DAWSON RANCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUREL HILL FL 32567 CITY-ST-7IP ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: *

STREET ADDRESS

CITY-ST-ZIP