

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 003 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #
 1. Entity Name
 P98000031722
 Dawson & Sons Construction, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6478 Dawson Ranch Road
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Laurel Hill, FL

City & State

Zip
 32567

Country
 USA

4. FEI Number
 59-3501592

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 William H. Dawson, Sr

Street Address (P.O. Box Number is Not Acceptable)
 6478 Dawson Ranch Rd

City
 Laurel Hill

State
 FL

Zip Code
 32567

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1st - May 1st Fee is \$150.00
 After May 1st, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres William H. Dawson, Sr 6478 Dawson Ranch Road Laurel Hill, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James P. Dawson 6478 Dawson Ranch Rd Laurel Hill, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Catherine M. Dawson 6478 Dawson Ranch Rd Laurel Hill, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ James Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)