2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P98000063640 1. Entity Name BNL BUILDERS, INC. 04-10-2000 90171 008 ***150.00 Principal Place of Business Mailing Address 278 PARKER FARM RD. 278 PARKER FARM RD. WEWAHICHKA FL 32465 WEWAHICHKA FL 32465-2804 0: US 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 59-3522059 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 Name PARKER-ADKISON, SONDRA J Street Address (P.O. Box Number is Not Acceptable) 278 PARKER FARM RD. WEWAHICHKA FL 32465 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) 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 \Box 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change PARKER-ADKISON, SONDRA J NAME NAME STREET ADDRESS STREET ADDRESS 278 PARKER FARM RD CITY-ST-ZIP CITY-ST-ZIP **WEWAHITCHKA FL 32465** ☐ Delete TITLE ☐ Change ☐ Addition TITLE RUSSELL, JOSEPH W NAME NAME STREET ADDRESS STREET ADDRESS 110 HARRISON RD. CITY-ST-ZIP CITY-ST-ZIP **WEWAHITCHKA FL 32465** Gary 5. Addison U 278 Parker Farm Rd **X** Addition ☐ Delete TITLE ☐ Change TITLE Shouldur never NAME NAME been deleted. STREET ADDRESS STREET ADDRESS Wewahitches, Fl. 32465 CITY-ST-ZIP CITY-ST-ZIP Jane / Owner ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I nereby 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

41,00