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FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90146 001 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000075532

1. Corporation Name
G.W. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
890 ORCHID STREET ATLANTIC BEACH FL 32233	890 ORCHID STREET ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1998

2. Principal Place of Business: 141 East coast Dr
Suite, Apt. #, etc.:
City & State: ATL Beach FL
Zip: 32233 Country: Usa

2a. Mailing Address: 141 East coast Dr.
Suite, Apt. #, etc.:
City & State: ATL Beach FL
Zip: 32233 Country: Usa

4. FEI Number: 59-3527427 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation owes the current-year intangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

WASHBURN, GARY
890 ORCHID STREET
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

Name: Gary Washburn
Street Address (P.O. Box Number is Not Acceptable): 141 East coast Dr
City: ATL Beach FL Zip Code: 32233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gary Washburn — DATE: 1-5-1999

(NOTE: Registered Agent signature required when reactivating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: None	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition: None
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE P / 2.2 NAME GARY WASHBURN / 2.3 STREET ADDRESS 141 EAST COAST DR / 2.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Washburn — SIGNATURE REQUIRED — 1-5-99 — 993-0159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #