FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000107114 RDRJ CONSTRUCTION, INC. 04-10-2001 90084 039 ***150.00 Principal Place of Business Mailing Address 539 BOB SIKES BLVD. SUITE #15 539 BOB SIKES BLVD. SUITE #15 FT WALTONBEACH FL 32547 FT WALTONBEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3551536 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 MCKINNIE, RON A Street Address (P.O. Box Number is Not Acceptable) 534 BOB SIKES BLVD #16 FORT WALTON BEACH FL 32547 Zip Code City 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 \$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, 2001 Fee will be \$550.00 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. CR2E034 (10/00) TITLE ☐ Delete Change mckinnie, Derrick L. MCKINNEY, DERRICK L NAME NAME 539 1306 Sikes Blvd. #1 539 BOB SIKES BLVD #1 STREET ADDRESS STREET ADDRESS Ft. Walton Beach FL. 32547 FORT WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MCKINNIE, RICHIE L NAME NAME 134 EDNA DR STREET ADDRESS STREET ADDRESS **CRESTVIEW FL 32536** CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change _ Addition TITLE -MCKINNIE, RON A NAME NAME 539 BOB SIKES BLVD #16 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-7)P Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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

4-5-01

(850) 864.5362

Daytime Ph