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| ng \$5.00 May Be Added to Fees | |
| S AND DIRECTORS IN 11 | |
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| er certify that the information that I am an officer or director lears in Block 11 or Block 12 if | |
| 561-781 9497 | |

DOCUMENT # P9900003394 **FILED** Jan 08, 2001 8:00 a TYRRELL CONSTRUCTION, INC. Secretary of State 01-08-2001 90053 022 ***150.00 Principal Place of Business Mailing Address 3546 SE DIXIE HWY BOX 1698 STUART FL 34997 STUART FL 34997 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 Fo 65-0890906 Not Applica Zip Country \$8.75, Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNGEY, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 1100 S. FEDERAL HWY. STUART FL 34994 City Zip Code 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 B 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 ☐ Delete TITLE ☐ Change ☐ Addi TITLE TYRRELL, COLIN W NAME STREET ADDRESS 307 E WERTHERBEE RD STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL:34982 CITY-ST-ZIP TITLE ☐ Change ☐ Addi ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ -☐ Change ☐ Addi ☐ Delete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addi Addi TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: